DIAGNOSTIC

of

PSI/OSFAM'S PRIVATE SECTOR

SOCIAL MARKETING OF

CONTRACEPTIVES AND HEALTH PRODUCTS PROGRAM

IN GUINEA

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ACRONYMS AND FOREIGN TERMS

AGBEF	*Association Guinéenne pour le Bien-Être Familial*
ASFEGUI	*Association des Sages-Femmes Guinéennes*
ASFEGMASSI	*Association des Sages-Femmes Guinéennes contre les MST/SIDA*
CBD	Community-based distribution
CENAFOD	*Centre Africain pour la Formation et Développement*
CPR	Contraceptive prevalence rate
CYP	Couple year protection
FAMPOP	Family Planning Options Project
FP	Family planning
GF	Guinean franc (US $1.00 = GF 1,330)
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
IEC	Information, education and communication
IPPF	International Planned Parenthood Foundation
KfW	*Kreditanstalt für Wiederaufbau*
MCH	Maternal and child health
MIS	Management information system
MSH	Management Sciences for Health
MST	*Maladies sexuellement transmissibles*
NGO	Nongovernmental organization
OD	Organizational development
ORS	Oral rehydration solution
ORT	Oral rehydration therapy
OSFAM	*Options pour la Santé Familiale*
PCG	*Pharmacie Centrale de Guinée*
PRISM	*Pour Renforcer les Interventions en Santé Reproductive*
PSI	Population Services International
SMCHEP	Social Marketing of Contraceptives and Health Products project
SO2	Strategic Objective 2
STD	Sexually transmitted diseases
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USAIDNET	Agency Information Network

CONTENTS

APPENDICES

A: Scope of Work (from USAID/Guinea)

B: References

C: Persons Contacted

D: Interim Report to USAID/Guinea

E: Price Study and Store Checks

F: Presentation to Ministry of Health

G: The Simple Success Secret in Worldwide Family Planning: Social Marketing

H: Organizational Development Discussion, Diagnostic Protocol, and Tools

I: Evolution of PSI/OSFAM Strategic Objectives, Strategies, End Results, Indicators, and Outputs

EXECUTIVE SUMMARY

BACKGROUND

The United States Agency for International Development (USAID)/Guinea's Strategic Objective 2 (SO2)[1] has two core five-year grants: one designed to work with the private sector, Social Marketing of Contraceptives and Health Products (SMCHEP) which is being implemented by Population Services International (PSI) and its nongovernmental organizational (NGO) affiliate, *Options pour la Santé Familiale* (OSFAM); and, a public sector program, Pour *Renforcer les Interventions en Santé Reproductive* (PRISM), which is being implemented by Management Sciences for Health (MSH).

Early in 1999, the Mission sought assistance in analyzing the status of the private sector program and funded a diagnostic. Field visits were conducted in June and July in Conakry and the four regional sales offices and subprefectures of N'Zérékoré, Kankan, Labé, and Kindia.

PURPOSE OF THE DIAGNOSTIC

The purpose of the diagnostic was twofold: to analyze the SMCHEP grant to determine why PSI/OSFAM has been unable to achieve many of its targets, and to propose recommendations to remedy the current situation and avert a recurrence. The need for and feasibility of additional private sector interventions was assessed to assure that SO2 will achieve its targeted indicators and to assure access, create demand, offer quality, and create linkages with other programs, if possible.

CONCLUSION

PSI/OSFAM have shown that social marketing can work, even in an especially underdeveloped country like Guinea with its small, new, and constantly evolving private sector. Despite enormous problems, including many changes in management style and direction, a shift in program mandate from public to private sector, an unusually complicated set of donor regulations, inadequate planning and sales projection systems, a large local staff, restrictive government limitations, a primitive national infrastructure, and an uneven cash flow, distribution of PSI/OSFAM's four branded products is excellent and the staff's outlook for the future is positive.

During this diagnostic, a few gaps in technical knowledge and some unnecessarily cumbersome organizational problems were identified. PSI/OSFAM need to eliminate objectives, activities, and end results that do not allow them to focus on what they do best—social marketing—and to do it as well in Guinea as PSI has done it elsewhere. A

[1] SO2: Increased use of essential family planning (FP), maternal and child health (MCH), sexually transmitted infections (STI), human immunodeficiency virus (HIV), and acquired immune deficiency syndrome (AIDS) prevention services and practices.

serious refocusing on the objectives of the program, closer attention to the needs of the staff, and a quick and smooth transition to new management, will allow PSI/OSFAM to meet their goals and have an even greater impact during its remaining three and a half years.

The executive director of PSI/OSFAM in Guinea is planning to leave during the fall of this year. The following observations and subsequent recommendations show which activities can and should be carried out immediately during his tenure, and which activities should be delayed until the new executive director has been hired. PSI/Washington should hire the new executive director as quickly as possible.

I. BACKGROUND

In July 1991, the United States Agency for International Development (USAID)/Guinea approved an unsolicited proposal submitted by Population Services International (PSI) to increase the availability, accessibility, acceptability, affordability, diversity, quality, and use of family planning and acquired immune deficiency syndrome (AIDS) prevention products and services. The resultant program, Family Planning Options Project (FAMPOP), carried out activities in both the private and public sectors and was supported by USAID until the end of 1997.

In early 1998, the Mission decided to separate public and private sector activities countrywide and created two new, separate, five-year health grants. PSI was awarded a new USAID grant of $4.8 million for Social Marketing of Contraceptives and Health Products (SMCHEP) in support of the Mission's private sector health program throughout Guinea. The public sector grant of $18 million was awarded to Management Sciences for Health (MSH) for *Pour Renforcer les Interventions en Santé Reproductive* (PRISM), a program that concentrates on public sector health activities in two regions of the country. Additionally, PSI signed an agreement with a German donor, *Kreditanstalt für Wiederaufbau* (KfW), in 1997, to support the project in Guinea.

THE SMCHEP PROGRAM

The purpose of the SMCHEP activity is to increase usage of essential family planning (FP), maternal and child health (MCH), and sexually transmitted infections (STI)/AIDS prevention services and products. This activity is intended to continue the long-term sustainability of social marketing efforts by increasing the scale, efficiency, and cost-effectiveness of its operations, as well as a continuous transfer of skills and responsibilities to the staff of PSI's local nongovernmental organizational (NGO) affiliate, *Options pour la Santé Familiale* (OSFAM).

The SMCHEP is now in its second year of operations. It has emphasized the development of a sustainable network of private sector wholesalers to expand distribution of three contraceptive products and an oral rehydration solution (ORS) outside of Conakry and the regional capitals into the rural areas of Guinea. This distribution system will enable PSI/OSFAM to resupply existing sales outlets more efficiently and in turn permit the sales force to dedicate more time to developing new outlets, while continuing to build awareness among target groups.

During the first year of activities, the program did not achieve its targeted indicators for various reasons. Foremost was the lack of availability of KfW funds that caused an out-of-stock situation of the packaging materials for the contraceptives, leaving PSI/OSFAM with no products to sell for a period of several months. (USAID provided PSI with an additional year's supply of contraceptives when KfW's funding was late.) In addition, the transition from FAMPOP distracted attention from the activities of the new grant.

Because targeted indicators for 1998 were not met, the Mission contracted with TvT Associates, Inc., to conduct this diagnostic of the program. (See appendix A, Scope of Work.) In addition, USAID wanted to identify other possible health opportunities in the private sector and to verify whether the best strategies are being used to achieve the objectives of its Strategic Objective 2 (SO2): Increased use of essential family planning (FP), maternal and child health (MCH), STI, human immunodeficiency virus (HIV), and AIDS prevention services and practices.

PSI/OSFAM market, advertise, and sell four branded products: Prudence Plus condoms, Planyl oral contraceptive pills, Depo-Provera injectable contraceptive, and Orasel oral rehydration solution.

The current executive director will be leaving the program when PSI/Washington can find a satisfactory replacement for him.

PROCEDURES AND METHODOLOGY

In June–July 1999, a 2-person team reviewed background materials and conducted individual interviews in Conakry with USAID staff, PSI representatives, and staff members of OSFAM and the sales force. Field visits were conducted to all four regional sales offices, and 212 stores were checked, which resulted in a price study. A summary of the price study was presented to the Ministry of Health (MOH). Debriefing meetings were held with PSI/OSFAM and USAID/Guinea. At the request of the Mission, the diagnostic team met with the PSI/OSFAM executive director and PSI/Washington product team to present to them the observations and recommendations. The organization of this report was used as the agenda for the discussions. The subject matter was presented in differing levels of detail, as requested by the product team. The urgency of hiring a replacement for the current executive director was emphasized. (See the following appendices: B, References; C, Persons Contacted; D, Interim Report to USAID/Guinea; E, Price Study and Store Checks; and, F, Presentation to the Ministry of Health.)

II. SOCIAL MARKETING AND PSI/GUINEA

After conducting an extensive tour of Conakry and all four regions of the country, which included in-depth interviews with all relevant participants, it is apparent that social marketing is the best way to approach family planning in Guinea.

Against the severe odds of the underdeveloped, nearly nonexistent nature of the commercial market and the poor, nearly nonexistent infrastructure, PSI/OSFAM have done an extraordinary job of gaining distribution of its four branded products through the commercial channels where it is officially allowed to sell them. In addition, the open market in Guinea has extended their availability even further.

PSI/OSFAM have also been hindered by an incomplete understanding of the principles of social marketing within the Ministry of Health (MOH), USAID, and OSFAM itself. For example, the MOH continues to insist on price controls on all four products and severe distribution limitations on Orasel.

PRINCIPLES OF SOCIAL MARKETING

Social marketing uses the proven tools and principles of private-sector commercial marketing for highly efficient, low-cost delivery of vitally needed health products. Social marketing distributes and sells branded products to low-income populations through stores and sales outlets that are already in their daily shopping routine. It uses the same techniques and philosophy responsible for most commercial success: an individual values an item if (s)he has paid for it. A product's image is created and reinforced in every step of the marketing program—from high-quality, attractive packaging to informative and convincing advertising to easy availability at affordable prices. This image ensures that although the price of the product is low, its value is high.

Social marketing reaches vast numbers of people in a short time. Most medical services are in the cities of developing countries. But the majority of the population lives in rural villages and has less access to clinics and other public health services. Every village, however, has an established network of shops serving its customers. In a social marketing program, the far reach of mass media advertising quickly spreads the understanding of the importance of the product and its benefits. The product is widely available through this existing commercial distribution system.

Social marketing can recover much of the program costs and become self-sufficient. Not only can a social marketing program teach marketing, sales, and management skills that lead to economic self-sufficiency, but product sales also help recover part of the cost of the program. As the country becomes richer, the proportion of the costs of the goods and of the marketing elements that are paid by the consumer can be increased. Eventually, a social marketing program could evolve within the commercial market into an unsubsidized private enterprise activity.

Ministers of Health welcome social marketing programs. Because a social marketing program adds substantially to government health initiatives without the need for additional public money, personnel, or administration, the Minister of Health welcomes it. With this authorization, local merchants feel assured in selling socially marketed products. Also, donors are confident of full local government approval.

Social marketing takes the burden off the public sector. Traditionally, family planning services are delivered by overworked public health professionals who are barely able to cope with even the minimum health needs of people who are very ill. If patients use public clinics and hospitals at all, it is out of critical and immediate need, not for preventive treatment. Therefore, it makes sense to offer family planning and health information and products in existing commercial shops that are visited daily by nearly all adults.

Social marketing respects cultural and religious values. Social marketing contributes to the universally accepted policy that family planning should offer an informed and totally voluntary choice of modern contraceptive methods to people in need. By stocking contraceptive products and other health products, such as an oral rehydration solution (ORS), local shop owners help eliminate potential sensitivities to outsider interference by giving their endorsement of the products. Their customers exercise their free and personal choice by paying for them.

Social marketing treats the consumer with dignity. There are several simple reasons why poor people prefer to obtain goods and services from the private sector rather than from public facilities: public facilities are often open only irregularly and staffed by overburdened personnel. They may be inconveniently located and distant, requiring long waits in uncomfortable places that are often out of stock of the needed product. The target audiences of a social marketing program are, however, customers of the sales outlets they frequent. They are neither patronized nor inconvenienced, but are equal partners in the transaction. They purchase the products through the unbiased market system in which they already participate in their daily routine.

Social marketing is ethical. Of necessity, there is often little or no medical supervision in the distribution or use of contraceptives in developing countries where they can be sold without prescriptions. Social marketing managers, however, train retailers to screen contraceptives' customers with a simple but effective checklist. Since the 1970's, the International Planned Parenthood Federation (IPPF) has established the principle that whoever normally meets the health needs of the community can be the appropriate person to distribute oral contraceptives. It has been shown repeatedly that poor and illiterate women have an innate ability to self-select their contraceptives with uncanny accuracy. Moreover, the risks of complications from oral contraceptives are far less than those of frequent pregnancy in conditions without proper hygiene or prenatal care for the women. Similarly, since oral rehydration therapy (ORT) is not a medicine, it can also be offered without a prescription by vendors who have the most basic product information.

Social marketing increases family planning choices. The greater the number of contraceptive choices offered to a community, the more rapidly contraceptive use rises. Social marketing puts such choices in place rapidly and cost-effectively for those who need them most.

Social marketing programs can be evaluated efficiently. The simple formula of couple year protection (CYP)—the provision of adequate contraceptives to give complete protection to one couple for one year—has been used to compare the gratifyingly low costs per couple per year of a social marketing program with the highly expensive cost in most clinic-based programs.

Using existing commercial infrastructure and proven commercial marketing techniques, social marketing removes the social, economic, communication, and organizational difficulties that impede the spread and acceptance of family planning.

SUSTAINABILITY

A long-term goal of a social marketing program is that the local implementing NGO become as self-sufficient as possible, relying less and less on donor aid. This requires that technical skills and supportive management infrastructure have been transferred to carry on the services initiated. It also means that elements of cost recovery are built into the product costs to help minimize the subsidies. Equally important, self-sufficiency requires the existence of constituency groups willing to support and promote family planning throughout society and the government.

When the gross national product of an emerging country is under $1,000 per capita, as it is in Guinea at $500, sustainability is not usually a viable goal in the foreseeable future—certainly not in the three and a half years remaining for this grant. PSI/OSFAM aim to minimize the amount of subsidy necessary over the long run by instituting cost recovery and private sector principles from the onset. In addition, growing broad-based consumer support for family planning and ORT goals and objectives will contribute to the possibility that the government of Guinea will someday see the importance of allocating its own resources to cover the necessary subsidy, rather than relying solely on donor assistance.

Products will continue to be subsidized in the PSI/OSFAM program. However, action is still being taken by both PSI and USAID to convince the MOH to lift the strict price controls on Prudence Plus, Planyl, Depo-Provera, and Orasel, and to remove the distribution limitations on Orasel. Only then can the sales volumes help defray the costs of the products and the program.

As OSFAM's skills in administration, financial management, and fundraising mature, the local NGO should be able to solicit funds for new activities on its own behalf. (See appendix G for a detailed discussion of social marketing.)

III. OBSERVATIONS AND RECOMMENDATIONS

THE PRIVATE SECTOR IN GUINEA

Observations

There is no question that a small-scale commercial market is thriving in Guinea. Every town, village, and crossroad has streets lined with small food shops, pharmacies, kiosks, vendors, bars, restaurants, and hotels, as well as the traditional open-air markets. However, there is no efficient systematic source of supply to the private merchandise vendors. Small vendors buy from the larger vendors. Often, in the towns and villages far outside Conakry and the regional capitals, suppliers can only be found on the day of the nearest weekly market. Shops are often only open on market days so the owners can work in their fields the rest of the week.

Very few government controls are possible on these private sector businesses. Prudence Plus may be sold everywhere but the other brands OSFAM sells are only supposed to be sold through four official pharmaceutical wholesalers or several smaller official pharmacies. They are not supposed to be sold to the much more numerous individual entrepreneurs that make up the lively, unofficial parallel market. However, the wholesalers' official pharmacy customers do not respect this restriction and sell openly to the parallel market. Therefore, Planyl, Depo-Provera, and Orasel are found throughout the system of small black market private vendors. It is clear that the forces of a free market are in control and have found these important and needed products.

Private health providers are not very numerous in Guinea. Most of the few doctors, nurses, and midwives who have opened private clinics where they sell products and services are found in Conakry.

Recommendations

PSI/OSFAM should be encouraged and helped in every way possible by USAID, the KfW, the MOH, and PSI/Washington to continue their excellent marketing and advertising of the four OSFAM products.

The potential sales volume generated for the OSFAM products in private sector clinics is too low to warrant the energy required of the OSFAM sales force, so it is not recommended that they be given special attention.

CONTROLS ON DISTRIBUTION AND PRICING

Observations about Distribution Controls

The MOH has severely limited the distribution of Orasel to official pharmacies, food shops, some kiosks, and boutiques. It may not be sold to the parallel market vendors

(because the MOH considers it a medication), near a health center where the oral rehydration solution of the parastatal pharmaceutical supplier *Pharmacie Centrale de Guinée* (PCG) and that of UNICEF are sold, or in shops that sell open alcoholic beverages. (The MOH believes that it might be dangerous if an ORS were mixed into a drink, even though this is highly unlikely. Furthermore, it does not believe that selling an ORS in such a place is good for the image of a children's health product.)

This distribution limitation causes an awkward and frustrating situation for the OSFAM sales force, which is unfortunate. Because Orasel is attractively packaged and advertised, the open market has found this product, too, and it is for sale everywhere. The vendors and shopkeepers on the parallel market who sell it, however, misunderstand why OSFAM may not sell to them. They sometimes become so upset with OSFAM that they threaten to stop carrying Prudence Plus, which is the fault of this totally unnecessary restriction. The vendors who sell it anyway complain that they do not receive the first-rate, conscientious servicing of the OSFAM sales force in giving consumer information, stocking and storage information, suggested retail pricing levels, and overall fair treatment as customers.

Observations about Price Controls

Because of a misunderstanding of the principles of social marketing that commerce is economic exploitation of the poor, the MOH has also restricted the selling price of all OSFAM products. They are so severely subsidized that there is no hope of cost recovery or eventual sustainability (Prudence Plus is 91 percent subsidized, Planyl 83 percent, Depo-Provera 93 percent, and Orasel 77 percent.)

OSFAM has been asked by the Secretary General of the MOH to conduct a pricing study to prove that the market can bear an increase in prices before it will consider lifting the pricing restrictions. Such a study would be a waste of program funds and would force PSI/OSFAM to act defensively with the Ministry. The report of the 212 stores checked in Conakry and the four regions during this diagnostic can be used as a price study to prove that the products are in distribution everywhere and selling briskly at prices far above those the Ministry allows officially. Prudence Plus sells for Guinean Francs (GF) 50 to 200 for an envelope of two condoms, although its official price is GF 50. Planyl sells for GF 600 to 1,200 for a box of 3 cycles; its official price is GF 600. Depo-Provera sells for GF 600 to 1,500 a dose and officially is limited to GF 600. Orasel must be sold at GF 100 but is found on the open market for GF 150 to 300. (See appendix E for the summary of the price study and store checks presented to the MOH, PSI/OSFAM, and USAID/Guinea.)

The presentation of this information was intended to be made to the Secretary General with the PSI/OSFAM executive director and the USAID technical advisor with the request that he lift the restrictions on product pricing and Orasel distribution. Unfortunately, the meeting was postponed and attended only by the National Director of Public Health, who clearly understood the arguments for the request to lift the restrictions

and was to arrange a meeting with the Secretary General the following week. (See appendix F for the summary of the presentation to the Secretary General.)

Recommendations

PSI/OSFAM should sell the products at the price levels they recommend for 6 months and return to the MOH with a report of the results.

MARKETING

In marketing terms, PSI/OSFAM are in a strong and enviable position. Their products are the first branded products in all four categories on the market in Guinea. They are attractively packaged with a memorable and recognizable logo, and they are supported by a powerful advertising schedule. The wide distribution PSI/OSFAM have achieved is extraordinary, considering that in Guinea, the truly commercial private sector is still very small and underdeveloped, hard to find or control, and completely free. PSI/OSFAM have also created a high level of awareness of their products. Other branded international products are offering the high compliment of copying the style and hype of PSI/OSFAM's sales promotional activities.

The main components of a marketing plan—product positioning, a communication strategy, a public relation plan, and sales objectives—are discussed in this section. A very powerful communications tool is missing from this program now and should also be created—a long-term vision of the purpose of this program from the consumer's point of view. The need for a vision statement and its importance should be explained to the OSFAM staff by PSI and then written and agreed to by them. It should be referred to frequently in reviewing all marketing, communications, and sales strategy and plans. A strong vision statement will empower the staff because it shows what is important. It can stimulate teamwork because it defines individual roles and responsibilities. In addition, it can strengthen PSI/OSFAM organizationally because it generates new energy.

Observations

After a brief consultation with PSI/Benin in 1997, one of the brand managers wrote marketing plans for all four of the branded OSFAM products. While many of the necessary facts and technical information are covered in these plans, not enough thought has been given to the positioning of each product in terms of what makes it particular, different, beneficial, and desirable; what its image should be; what its messages should communicate about its benefits to the user; and, what the real reasons are for the trade to stock it and for the consumer to buy, use, and repurchase it.

The target audiences are listed in the marketing plans but are not clearly defined in terms of reaching the target audiences and convincing them of the benefits of the product, according to their particular information and product needs. Obstacles to changing their behavior have not been examined.

Although Prudence Plus, Depo-Provera, and Orasel are the only branded and advertised products in their categories on the market in Guinea, and Planyl is the only advertised oral contraceptive, each still needs to have its own well-defined objective and strategy statement in order for its action plan to be easy to implement and its impact more effective.

Recommendations

A well-defined objective statement should be clear enough to have only one interpretation. It must be specific, precise, and single-minded; be directed to a well-defined target audience; and, specify exactly what change in behavior is expected of that consumer and what information (s)he needs in order to make that change. The following discussion concerns some of the key components of the systematic planning that should be followed to develop a marketing strategy that will achieve the program's objectives.

COMMUNICATIONS MATERIALS AND PLANS

Observations

PSI/OSFAM have created and produced many television and radio commercials of varying lengths, 3-minute clips, and videotapes of events and mini-promotions, both for the branded products and for the generic categories. They were all nicely produced and quite lively. The PSI/OSFAM information, education and communication (IEC) coordinator designed the commercials and clips. A local advertising consultant was hired to plan the media buys and to pre-produce the commercials. The creative materials were shot and edited at the national television station (ORTG) studios. Unfortunately, it is obvious that neither the creative materials nor the media plans were developed strategically for any of the products.

Billboards for Depro-Provera and Planyl are well placed along the main roads and in the large cities throughout the country. However, they do not offer any consumer benefit, do not register the product's name or logo strongly, and are not action-oriented in their messages. From a design point of view, they are pale, bland, and cluttered, without a single strong outstanding visual element.

Many promotional materials—T-shirts, visors, pens, and parasols—as well as point-of-sale stickers, have been produced and distributed widely. They are very popular with the trade, whose repeated requests for additional items are almost too emphatic.

Media planning is somewhat limited by the number of channels and program time slots available in Guinea. However, the information needs and media consumption habits of each target audience segment must be reflected more specifically in the media plans.

PSI/OSFAM have not defined the components of their sales strategy separately from their consumer communications strategy, and therefore have not defined and determined the priority target audience of each.

During visits to the four regional offices, it was learned that the sales force is not at all involved with the planning of the creative materials nor the details of the media buys on the local radio stations in the regions. It receives pre-recorded tapes and a media schedule from Conakry of what has been pre-bought to run on the local stations. It is believed that better exposure for the cost could be obtained if the funds could be spent locally. There is a public relations value of being able to decide who to invite to participate in a radio talk show—a hesitant new vendor, for example, or an influential local opinion leader—and the subjects that would be of interest to the local listeners who are the consumers.

Recommendations

The production of new creative materials scheduled for later this year offers an excellent opportunity to conduct focus groups with each target audience segment to learn what they know and how they think about these products before new creative materials are written. It also allows the opportunity to write a narrowly focused and single-minded creative strategy and to test the concepts developed before incurring final production costs.

PSI/OSFAM need to write distinct, separate objectives and strategy statements for each product's main communications areas: consumer and sales. A substrategy on product promotion should be included in the sales communications strategy because the sales force undertakes the IEC–type promotional activities. A private sector program need not have a separate IEC strategy and plan since all elements of the communications strategy aim at informing and educating the consumers.

The following important elements need to be developed and included in each product's objective and strategy statement: positioning, target audiences, strategy, slogan or tag line, and local radio campaigns.

<u>Positioning</u>

Positioning is a concept that is important to the strategic design of each product's successful communications campaign. It presents the product so that it stands out and is appealing by creating a clear and memorable image that the brand name carries with it. Positioning a product depends on knowing why people make the purchases they do in that product category. This means not only knowing and listening to the target audience but also collecting and building on a body of knowledge about the behavior that helps them make informed decisions.

Target Audiences

It is very important to identify exactly whose behavior needs to change for the program objectives to be reached, what beliefs and barriers exist that will impede this change, and how to overcome them. An analysis of additional consumer research will provide information on how much the audiences know about family planning or child survival techniques, how they perceive the problems in these areas, and their current practices, intentions, and attitudes. Equally important is knowing how people communicate about these subjects, both privately and publicly, and what or who are the influences on the way they think and act about them.

A primary audience is the group that will be most affected or benefit the most from the desired behavior change. Although very little original research has been conducted in Guinea, much of the data for this analysis can be found in the baseline 1992 Demographic and Health Survey (DHS) and the forthcoming 1999 DHS. Additional focus groups or individual in-depth interviews should also be undertaken.

Secondary audiences are those who influence the primary audience to listen and respond to the messages. Once these audiences have been selected, a further definition of their characteristics will help in the creation and effectiveness of the messages. Again, the basic information is available about characteristics that are both general (age, place of residence, language, number of children) and behavior-specific (past behavior, consumption of various mass media, behavior in the community or among relatives, and fear of side effects). Additional consumer research should probe for psychographic characteristics (desired number of children, lifestyle aspirations, myths and rumors heard).

Because the needs and behaviors of the two general target audiences of the PSI/OSFAM program—the selling trade and the consumers—are quite different, each group must be specifically defined. For example, wholesalers are the primary targets of the sales strategy while women of reproductive age are the primary audiences of the consumer communications strategies for both the family planning products and the ORS. Men are the primary audience of the condom. The secondary audience for the sales strategy are retailers, but for the communications campaign on family planning and ORS, it is other women who influence the primary target. The secondary targets for condoms are women who received the benefits of condom usage and who should therefore encourage it. Each audience segment needs to be defined in detail.

Strategy

The communications strategy should include a description of the benefit the product provides to the target audience, a support statement or reasons why the target audience should believe in that benefit, the emotional or rational tone the messages should convey, sources of information, communication channels to be used, and the phases in which the strategy will be developed. The message should be used over a significant period of time

because continuity of communication over time is essential to sustaining behavior change.

Slogan or Tag Line

A very important element developed from the communications strategy is the slogan or tag line. It must be a short and catchy phrase that is a call to action that lets the target audience know exactly what it is expected to do. The slogan for each product should appear in all media, promotional materials, and all forms of communication in order to build continuity and recognition over time. It should be put to music as a jingle in radio and television commercials. The existing slogans for Prudence Plus, "to help the generations," and Orasel, "the salt of life," are passive and uninteresting to the consumer, requiring no action.

Local Radio Campaigns

Each regional sales office should be asked for input into the strategies that address the information needs of the consumers and vendors in their areas and the creation of the resultant communication materials. In addition, they should be given responsibility for that portion of the radio media budget that is spent in their area.

GENERIC MESSAGES

Observations

PSI/OSFAM sell, advertise, and promote their branded products all over Guinea. PRISM, the bigger public sector program, only operates in half of the country. To signal its sense of social responsibility that was developed during the FAMPOP project, PSI/OSFAM continue to run generic messages on radio and television in the regions where PRISM does not operate—and also continue high-energy sales promotion activities there. However, creating, producing, and airing generic messages is no longer within the mandate of this social marketing program.

PSI/OSFAM have also been influential in persuading religious leaders and other opinion leaders to endorse the use of family planning products in general. This has taken an inordinate amount of time by management and the sales force and should no longer be one of the activities of the program.

Recommendations

PSI/OSFAM should discontinue running and paying for airing generic messages and run only advertising messages for their branded products. Furthermore, PSI/OSFAM should assess the cost of airing messages in areas where PRISM is not working and ask PRISM to contribute to the cost.

PSI/OSFAM could advise PRISM on their previous, highly persuasive activities with religious and other opinion leaders so that PRISM can take over this generic activity. PRISM should pay PSI/OSFAM for their time as consultants, but it should not become a long-term project between them.

PUBLIC RELATIONS PLAN

Observations

From 1991 to 1997, the FAMPOP project managed by PSI was the only consumer-oriented family planning products promotional activity being conducted in the strongly pronatalistic Guinea. PSI has built awareness of the products extraordinarily well and was highly praised for it. Consumers have bought the products and are continuing to use them, reflecting behavior change—the ultimate goal of the program. However, since the separation of private sector and public sector emphasis occurred with the creation of the two current programs, OSFAM and PRISM, PSI believes it has been blamed for failures in some public health sector activities that are not within its spheres of influence. It is therefore operating with some defensiveness, which is causing a distraction from its main and obvious strengths.

Recommendation

PSI/OSFAM should create and activate a public relations plan with the main objective being to regain their position of praiseworthy recognition in the donor community, among other projects, and within their own organizations—both OSFAM and PSI/Washington. While a spokesperson should be identified to lead this effort, all members of PSI/OSFAM should be active participants in writing and carrying out the plan.

SALES PLAN

Observations

In the background documents reviewed for the diagnostic, no specific statement of the sales objectives and strategies for each product was found other than sales projections. Writing this statement will assure that the sales force understands the needs of their target audiences—wholesalers and retailers—and the purpose of the promotional activities they direct to the consumers.

Recommendations

PSI/OSFAM should develop clear sales objectives and strategies that reflect how best to address themselves to the trade in placing the products and to the consumers in promoting them. Included should be a sales promotion strategy that covers any IEC–type of activities incremental to those included in the advertising messages.

ORGANIZATION OF PSI/OSFAM

Observations Regarding Management and Administrative Issues

It is important to understand PSI/OSFAM's recent history. PSI/OSFAM are recovering from a difficult year. In 1997, the former executive director spent the majority of the staff's time bidding for the major USAID public sector program that eventually became PRISM, as well as preparing for and winning the private sector grant that became OSFAM. Unfortunately, because of management's concentration on preparing these two bids, attention to other activities appears to have been minimal. The staff does not seem to have been helped through the transition from the public sector, where many were fully entrenched and comfortable, to the unknown and mostly nonexistent private sector, which no one fully understood. Furthermore, a problem developed in the procurement of an adequate supply of product and packaging materials.

In 1997, PSI also acquired a co-donor for the OSFAM program—the German KfW—that supplies funds for products and packaging. Three documents had to be approved and signed: one between the German Foreign Office and the Guinean Ministry of Cooperation (December 1997), one between the KfW and the Ministries of Health and of Cooperation (December 1998), and one between the KfW and PSI (December 1998). PSI had experience with the KfW as a donor in other countries, but the usual methods of working together were rejected in the case of Guinea. PSI had not expected that this new funding process would take almost two years. When it realized it needed to order new product packaging materials but still had not received clearance of the funds from the KfW, PSI/Washington advanced $65,000 for packaging materials against the eventual KfW funds and USAID donated an extra year's worth of contraceptive products. It took the KfW 2 months to agree to this advanced spending of its funds, however, which further delayed procurement of the materials.

OSFAM administration systems seem to be extremely cumbersome and in need of streamlining. For example, the filing system is not current, procurement timing is often short, and product distribution does not follow standard logistical steps. Although an attempt was made to determine the status of the KfW procedures, it was unclear which OSFAM staff member is responsible for following the procedures, and whether this staff person understands how to implement them.

The Conakry staff of OSFAM appears to fear change and its imperative transition into the private sector. During the FAMPOP project, the public sector was a known quantity, an arena in which it succeeded so dramatically in Guinea that the public sector work PSI implemented is still being lauded. Surprisingly, the same staff members now appear to be fearful of creating and developing a new road again. They appear to be unsure of themselves. The numerous changes and difficulties that PSI/OSFAM have encountered over the last year have only reinforced this lack of confidence. The staff is doing what it knows and is comfortable doing; it is not necessarily doing what is best for the growth

and survival of the organization. There has not been a clear shift from a public sector mentality to a private sector mentality, which should be made urgently.

During interviews, staff members conveyed an uncertainty about the future of OSFAM. They recognize that they are not ready to be on their own (without PSI), but that is their goal and they believe they are working towards it. The staff members recognize the importance of a partnership with PSI now and in the future because all recognize that there are management difficulties and challenges facing them. But in most cases, they are not quite sure what these problems are and look to PSI/Washington to identify them as they arise and give them the skills to handle them. PSI/Washington has reportedly been slow to respond, to date.

There is a strong need for the OSFAM staff to separate from its public sector orientation and to refocus and redirect its activities and efforts toward its private sector mandate. Several staff members spend too much time pursuing projects that can only be perceived as personal agendas—training agricultural workers for the World Bank or developing a time-consuming program for adolescents with another NGO, for example—which are clearly outside the domain of social marketing in the private sector.

Recommendations Regarding Management and Administrative Issues

One clear organizational chart should be established and discussed, and an agenda negotiated and agreed upon by all staff members. Goals and objectives should be set by each department to ensure that everyone works together to achieve them. Staff meetings should be scheduled and held regularly. A senior staff member should be given responsibility for and training in understanding the requirements of the KfW to insure that they are always met on a timely basis. If the skills and knowledge needed to deal with the KfW are at all questionable, PSI/OSFAM should request that KfW send its representative again to work with all appropriate departments and improve their ability to perform KfW procedures.

Observations Regarding Staffing

Staffing appears to be the greatest area of concern at all levels for different reasons. PSI/OSFAM presently have 35 staff members: 10 professional staff, 11 sales force, 12 administrative staff, and 2 expatriate staff.

Among these, there are four positions whose value and use to PSI/OSFAM have not been fully determined or explained and thus are not fully accepted as appropriate by the staff: deputy director, special consultant, technical advisor, and IEC coordinator.

There are four common questions to be asked for all of these positions:

- What does this position bring to the organization?
- Does the position help PSI/OSFAM attain their objectives and achieve their results?
- Does this position's impact warrant its expense?
- If the position is deemed important to the organization, is the person filling the position appropriate in terms of skills and knowledge?

Based on observations, these questions are answered as follows:

Questions	Deputy Director	Special Consultant	Technical Advisor	IEC Coordinator
1. What does this position bring to the organization?	Able to step in for director in all and every function in his absence.	Provides a special expertise not found within the program.	Trains, transfers knowledge and skills to counterparts (not a supervisory role).	Develops communication strategies and materials for each product.
2. Does the position help PSI/OSFAM attain their objectives and achieve their results?	Definitely. Very important to self-reliance when OSFAM has developed organizationally.	Limited. On an as-needed basis, this position could be valuable.	Yes, if the talents offered are clearly of need to the program and staff.	Yes, if focused on enhancing the brands and not on generic messages.
3. Does this position's impact warrant its expense?	Yes, if the person brings to it the required qualities, skills, profession-alism and knowledge.	No, because the person no longer brings expertise to the program.	Yes, if the person truly brings something to the program that is unavailable in the staff.	No, better handled as the responsibility of each product manager.
4. Is the present person appropriate for the position?	Unclear. See recommendations.	No. Best if used on an as-needed basis.	Unclear. See recommendations.	Position no longer deemed necessary.

In 1997, the present technical advisor was brought in to assist the executive director who had been overwhelmed earlier in the year when appropriate help from the deputy director or PSI/Washington had not been received. After lengthy discussions and considerable thought among USAID, PSI/OSFAM, and PSI/Washington, it was decided that a second expatriate could fulfill the perceived need. A grant amendment was approved and a second expatriate was hired. However, the role of this technical advisor does not appear to have been well defined to the other staff members or to the technical advisor. Clear expectations of the roles and responsibilities for this position still appear to be lacking. This has led to confusion and resentment between the staff and the technical advisor.

The present executive director came in with the understanding that the staff was working independently, but this does not in fact seem to be the case. The staff is not yet capable of functioning without a great deal of supervision in most cases. People are not working

up to their potential but think they are. For example, instead of spending their time more productively, both product managers are involved in arranging mini-promotional events, which is a clear responsibility of the sales force. Additionally, the research and MIS assistant, who appears to be eager to analyze and make strategies using sales data, is primarily working on data entry. When asked about their roles and responsibilities, the staff members reported a clear understanding of them although no one could explain them well. Productivity is low for many, while tremendous for others. The spread and equity of roles and responsibilities is not even.

Several job descriptions have been written for, but not revised, since the former program. The reported understanding of their responsibilities by the staff members is not evident in the workflow or the output of the Conakry staff. Quite the opposite, however, is the case for the sales staff. New, clear job descriptions have been written and are reflected in improved productivity and an enthusiastic attitude.

Lines of authority and communication are blurred and are not being respected. For example, the deputy director has circumvented a supervisor to tell a staff member how to handle a problem. The technical advisor has made decisions on issues under the auspices of the executive director in spite of the fact that he does not have the authority to issue such edicts. Staff members apparently do not always consult their supervisors when they want to do something, whether it is a programmed budgeted activity or not. Reportedly, staff members share personal information about fellow staff members that has nothing to do with their professional work. Senior staff members do not seem able to agree on simple issues, thus confusing those they supervise and presenting a negative role model. Professionalism and leadership are two essential management qualities clearly not in place among the senior OSFAM staff.

Recommendations Regarding Staffing

Over the next year, the executive director should evaluate the deputy director. Clear definitions of a director's responsibilities should be written and an assessment of the skills the deputy director still needs to develop to fill the role of executive director should be conducted. A plan to augment and enhance missing or insufficient skills should be developed. The deputy director should be assigned a very specific workload, have regular weekly meetings with the executive director, and be more involved in the day-to-day running of affairs as a director. (S)he should be evaluated on a regular basis to ensure capability. If not, after 12 months, another staff member should be considered for the position or a new hire should be made.

PSI/OSFAM should eliminate the special consultant position immediately and only engage one on an as-needed basis.

Over the course of the next year, the expatriate technical advisor position should be evaluated. A clear definition of the skills needed for this position should be determined, as well as whether the incumbent has them and whether (s)he can transfer them. In

addition, the counterparts with whom (s)he should work need to be determined. It should be clarified that this is not a supervisory position. An evaluation of the position and the person should be held regularly to ensure that both are meeting the needs of the organization. If not, a replacement should be considered if the skills are still needed; otherwise, the position should be eliminated.

The IEC coordinator position should be eliminated when the current coordinator leaves; responsibilities for developing communications objectives, strategies, and materials should be given to the two product managers. This transition should start immediately, in preparation for the creation of the new advertising campaign.

Clear, comprehensive job descriptions should be written for all positions to ensure a clear understanding by staff members of what they are expected to do and why. Personnel problems should be identified and dealt with swiftly. A staff training program on professionalism and leadership should be developed and implemented. The research and MIS assistant should be encouraged to analyze and synthesize data. PSI management needs to create a solid, clear, understandable and nonthreatening work environment that encourages the OSFAM staff to embrace change, acknowledge each other's responsibilities, and move forward together.

Observations about the Organizational Development of OSFAM

The overall organizational development (OD) of PSI/OSFAM was examined, not just their institutionalization. To build OSFAM's capacity and move it towards independence as an NGO executing a social marketing program, PSI/OSFAM need to look at quality and added value in their management and OD as well as at the provision of their products and marketing services.

Under the management of the FAMPOP project, PSI/OSFAM had a micromanaged environment in which effective transfer of skills did not take place. Most evident are the skills that have not been transferred to the deputy director. Unfortunately, it appears that the executive director has had to concentrate on solving past problems and not on moving OSFAM forward. Thus, transfer of skills is still in flux and not a priority activity. Situations have had to be resolved quickly by the executive director, which has provided no opportunity for staff training.

All staff members agree that the executive director encourages staff members to be independent, corrects them positively, and helps them acquire skills. Against great odds and under extremely difficult circumstances, the executive director has managed to create an exciting environment. This kind of leadership needs to continue if OSFAM is to grow into an effective, efficient, and financially sustainable organization. Most of the staff members presently working at PSI/OSFAM were not involved in the development of this SMCHEP program. Therefore, their visions of OSFAM's future differ, as do their ideas on how to proceed. A need of a clear vision statement should now be discussed with the staff and created, based on PSI/Washington's.

The staff believes that PSI/OSFAM management do not provide opportunities for personal growth and learning outside their normal work. Management does not institute regular performance evaluations based on clearly established criteria. The staff members believe that there is neither regular management feedback nor encouragement to initiate new ideas to make changes that will move OSFAM forward in the private sector. The staff also believes there is not much teamwork.

Recommendations about Organizational Development

Organizationally, PSI needs to determine exactly where OSFAM is in its development process. For an organization to develop healthfully, it needs to create a learning environment in which all the staff can grow, expand, and develop its skills and competencies.

If PSI/Washington has already developed guidelines for developing counterparts in other countries, then it should give PSI/OSFAM those guidelines and tools to adapt on their own, or consider hiring an organizational development specialist to supply and adapt methodologies and tools appropriate to OSFAM's organizational development situation.

Personalities and politics should not be used to determine staffing patterns or organizational structure. OSFAM should assess which positions advance the organization and the clear roles and responsibilities needed for each of these positions. Individuals currently in a job should not determine the staff positions. Rather, staff positions should determine the skills and knowledge needed and how to use that knowledge for the benefit of the organization. Job descriptions should be written, reviewed, and updated regularly for each of these positions.

PSI should outline the skills and knowledge required to advance a social marketing program. The present staff members should be assessed according to these skills and knowledge areas. A capacity-building plan of action, over the remaining life of the grant, can then be developed and implemented. Training should be systematic and planned, based on what the staff needs to carry out its roles and responsibilities effectively. Lack of planning for capacity building is costly and ineffective to management, and time-consuming and frustrating to the staff.

Capacity building does not have to take place in a formal training setting. It can include field visits, discussions, study tours, shared stories, and lessons learned. PSI/OSFAM should provide opportunities for self-assessment and decision-making in its capacity-building programs. Staff members can train each other according to their expertise, experience, and needs. The more they can teach each other, the stronger will be their team spirit and self-confidence.

PSI/OSFAM should consider monthly capacity-building sessions and develop an agenda for each session. The members of the staff should be asked for their input into the agenda so that they know the training content and schedule and whether they can act as

facilitators to conduct capacity building for others. All staff resources should be used and the results shared with everyone regularly.

To be effective, a capacity-building program should delineate staff patterns and lines of authority by creating a clear organizational chart. A summary of the staff training which has been conducted since the beginning of the program should be prepared. Tasks, responsibilities, and skills needed should be detailed so that all positions are fulfilled effectively. All staff members should be assessed on the learning curve of their particular job and then individual and group capacity-building sessions can be designed and facilitated. The need for outside technical assistance should be determined and arrangements made for such help as study tours or hands-on practice. Staff members should be informed about what to expect and what is expected of them to ensure the accountability of each staff member. Finally, a solid, clear, understandable working environment should be created that encourages the staff to embrace change and move forward.

The areas in which capacity building are developed should depend on each staff member's position or area of responsibility, but they could include social marketing (for everyone), professional management skills, supervision and time-management, strategic planning in marketing and communications, budgeting and budget allocation, information systems, and fundraising strategies and capabilities. (Specific areas for the sales force are listed in the following section.)

A complete organizational diagnostic should be considered to analyze more fully capacity building, organizational as well as financial management, and the logistics of product procurement and distribution. (See appendix H for an organizational development diagnostic guideline.)

With the executive director and deputy director jointly guiding the process, the staff should develop a clear mission statement based on PSI/Washington's. It should be the design for the framework within which they will be working, clearly focusing on the private sector. Then, they should move forward quickly as a cohesive, smoothly functioning unit.

Observations about the Sales Force

The sales force is dynamic, energetic, and highly motivated. It does not have the same public sector mentality of many of the Conakry staff, perhaps because it is physically removed from Conakry headquarters, or because 8 of the 11 sales staff are new.

However, lines of authority from headquarters are unclear and the members of the sales force do not believe that they receive regular and consistent orders. Management often directs them, not their supervisors, to spend time, money, and effort on activities that are clearly outside their private sector role. For example, on one occasion the deputy director gave advice and assistance to the Labé sales office to help with solving a problem

without consulting the marketing coordinator or the assistant marketing coordinator, who are the direct supervisors of the regional sales offices.

The members of the sales force expressed some dissatisfaction over the lack of consistency, organization, and logic to the office visits that they receive from management. They believe that supervisors only come from Conakry when problems arise. They would like regular visits during which they learn specific information from the visitor, such as selling more efficiently or maintaining stock properly.

Management, however, claims that these are planned monthly visits. They are based on sales performance observed by the middle of each month: if sales are low in one of the regional sales offices, a supervisory visit is conducted. If sales are on target, management decides whether a visit is necessary that month. Management is working toward having regular, ongoing supervisory visits throughout the whole month. The marketing coordinator, the assistant coordinator, and the two product managers will be conducting these visits.

The present emphasis in the sales offices is correctly placed on meeting monthly, quarterly, and yearly sales goals and on creating 20 new sales outlets per month per office. However, there does not appear to be much attention paid to maintaining old sales outlets, which are reportedly losing 1–2 percent monthly, or for the requirement that a new sales outlet must stay in business for at least 3 months to be counted as a new OSFAM sales outlet.

At present, each member of the sales force in each region spends approximately 2 days per month on paperwork. This is an inordinate amount of valuable time taken away from promoting and selling products. Although there has been a recent effort to reduce the monthly paperwork, the time it requires has not been reduced significantly.

The sales force does not appear to have any input into the rural radio advertising that covers its region, or into the communication strategy from which the product advertising and promotion materials are developed. Although some field offices have taken the initiative and been creative in working with the stations, they have not been encouraged or directed by Conakry headquarters to become involved or to share their ideas with the other offices.

Each member of the sales force receives a salary of GF 300,000 per month plus a fixed commission based on meeting projected quarterly sales goals and the opening of 20 new sales outlets. The previous executive director changed the budgeting of the sales commissions so that it no longer comes from revenues but is now a line item. However, there is not enough money for them. The executive director would like to eliminate this deficit since the incentive that full commissions provide the sales force is powerful. As a real incentive to selling, however, a shift of the sales force's compensation away from salary-plus-commission to commission only is the ultimate goal.

Discussions were held with the executive director about conducting an analysis of the cost of operating the regional sales offices versus their productivity. This would be to evaluate whether sales in the rural areas can be achieved by concentrating more on the large importers/wholesalers based in Conakry. They have facilitated widespread distribution of Planyl and Depo-Provera without the usual high costs of distribution (staff and trucks) or promotional materials (T-shirts, parasols, and pens) because they sell to their customers without restrictions and their customers come to them to buy.

Recommendations Regarding the Sales Force

In the management of the sales force, PSI/OSFAM should consider how to improve and increase two-way communication between the sales force and headquarters to develop a closer sense of involvement. The sales force should be acknowledged and praised more often than they are.

PSI/OSFAM should also implement management's plan to conduct informative, helpful supervisory visits from headquarters on a frequent, scheduled, and routine basis. The technical subject they will discuss during each visit should be announced in advance, and input from the sales force on what other subjects to include should be encouraged. Useful topics include sales techniques, strategic marketing planning, customer service techniques, public relations techniques for sales people, time-management skills, strategic communication planning, and rural radio programming.

Contacts and visits between regional offices should also be encouraged and arranged on a regular basis. This would greatly improve motivation by allowing for an exchange of suggestions on solving similar problems, warnings about problems to anticipate, and ideas on awareness building, radio broadcasts, and promotional activities.

Management should consider computerizing the heavy daily paper workload of the sales force by providing a battery-operated, portable, handheld computer. In considering this step, PSI/OSFAM should of course investigate the training and equipment maintenance required to determine whether this is a practical and feasible recommendation under the infrastructure circumstances in Guinea.

Management should begin an analysis of the cost of operating the regional sales offices and their productivity versus the effect of concentrating only on sales to the large importers/wholesalers based in Conakry.

THE NEW EXECUTIVE DIRECTOR

Observations

The current executive director will be leaving in the fall of 1999. Based on discussions with him, the OSFAM Conakry staff, the OSFAM sales force, and USAID representatives, the following profile was developed for the position of executive director

of PSI/OSFAM in Guinea. It should be noted that the present executive director has not only succeeded in resolving several difficulties in Guinea in a very short time, but has been able to do this without much assistance, while encouraging and motivating a highly apprehensive staff.

Recommendations for the Executive Director Position

The executive director should be a strong, mature leader and an experienced business professional. (S)he should have a proven track record in the organizational management of resources, systems, and people. It would help if (s)he also had a strong social marketing background, NGO experience, and West Africa experience. French proficiency and solid interpersonal communication skills are also required.

In addition, the executive director will have to be able to initiate, implement, explain, and exemplify creative social marketing approaches. (S)he will also have to implement organizational systems, provide and encourage access to information, and have good public relations skills with donors and local counterparts. In addition, the executive director needs to know how to work with people and empower them by creating an exciting learning environment. (S)he must know how to both direct and advise.

Transition from Present Director to New Director

In large part, the anxiety of the OSFAM staff stems from the anticipated transition from the current executive director to the new one. This is an understandable concern given the recent history of leadership changes and the resulting loss of momentum and confidence. The present executive director should encourage them now to address their fears and to develop a clear plan of action for themselves that they can follow when the new executive director arrives. The transition can be made smooth and manageable with careful planning and organization.

While the long-term goal of PSI is to develop an independent OSFAM, it should be realized that this is not likely to happen by the end of this grant period because the new executive director's tenure will be too short.

LOGISTICS

Observations about Sales Projections

Sales projections for all four of the products that PSI/OSFAM will sell during the five years of the SMCHEP grant were made in the proposal submitted to USAID by PSI/OSFAM (February 1998). The projections were approved with the awarding of the grant in early March 1998. The USAID technical advisor encouraged PSI/OSFAM to identify realistic sales projection levels that best suit the situation.

Yearly and quarterly sales goal allotments are calculated by OSFAM headquarters from historic sales performance records of each of the five sales offices, divided by the approved projections, and with some adjustments made for each local office, assigned to the sales offices as their current targets. The applicability of this formula is questionable. The further into the future sales projections are made, the greater the margin of error. This is even truer in a situation as developing and unknown as the market forces in Guinea.

During visits to the regional sales offices, large discrepancies between actual sales and current sales goals were observed. There was concern and frustration that there had been no reaction to a memorandum from sales management asking executive management to lower sales projections after not only the serious out-of-stock situation for several months in 1998, but an uneven three-year sales history of Prudence Plus.

The executive director explained that the overachieving of sales goals during the first 6 months of this year will compensate for the underachieved sales of Prudence Plus and Orasel last year. Planyl and Depo-Provera met their objectives last year. Therefore, the problem of uneven regional projections should no longer exist.

It seems that no one at OSFAM has been responsible for long-term sales tracking and making realistic adjustments to current projections beyond those made after each monthly sales report.

Recommendations Regarding Sales Projections

OSFAM should reconsider how it assigns sales projections to each regional office. It should discuss realistic expectations with each office, adjusting the projections accordingly, and alerting USAID of these changes. PSI/OSFAM should then request an amendment to its USAID grant, providing justification of the recalculations. (The amendment will need to be approved and then signed by the USAID contracts office.)

A senior OSFAM staff member should immediately be trained in and given responsibility for tracking sales on a monthly basis and making realistic long-term adjustments to current projections for the balance of the grant period.

PRODUCT PROCUREMENT

Observations about Contraceptives

The out-of-stock situation in 1998 occurred for a combination of reasons. When the program was originally designed, USAID's contraceptive procurement tables were used to calculate the first two years' sales projections. When the present executive director joined PSI/OSFAM, a more detailed stock and inventory projections table was developed with the USAID technical advisor. The program was to receive funds for the products and packaging from another donor, the KfW. However, there was no desk officer

assigned to PSI/Guinea at the KfW headquarters in Frankfurt. When PSI/OSFAM began issuing the required tender offers using the same procedures that PSI/Chad uses with the KfW, they were rejected. While negotiations continued, funding was delayed and packaging for Prudence Plus was depleted. Depo-Provera and Planyl also ran out of both product and packaging because of the unexpected speed with which the parallel market accepted them. This created the need to ration product distribution to the regional sales offices, causing lost sales and lost commissions to the sales force. Both USAID and PSI/Washington advanced the program emergency funds—USAID by supplying an extra year's worth of contraceptive products, and PSI/Washington, by advancing $65,000 to buy packaging. A KfW desk officer was finally assigned to PSI/Guinea in February 1999, and the funds began to arrive. During the period of this diagnostic visit, the KfW and PSI management in Conakry and in Washington, D.C., have successfully resolved the problem of cash flow. Adequate product supply and packaging are now guaranteed for the balance of the grant period. It seemed that no one at OSFAM had management responsibilities for working with the KfW; instead, the executive director continually resolved problems as they arose.

With the cash flow problem resolved, the January to June 1999 sales period exceeded sales goals in several regions. USAID is now concerned that another out-of-stock situation might occur. While waiting for delivery of the new product and packaging that is on order, PSI/OSFAM are using their safety stock as their working stock, which is a precarious stock situation. USAID believes that PSI/OSFAM have not managed their stock correctly or planned adequately and that they should have had alternative plans and a large safety stock.

Observations about Orasel

Continuing funding for Orasel is an imminent and unresolved problem. As of the end of 1999, no more funds will be available from USAID to support this product. As long as it is as heavily subsidized as the price controls dictated by the Ministry of Health, it will be difficult to find a donor to support it during the next three and a half years.

Recommendations

The deputy director and the chief administrator of OSFAM should immediately learn all coordinating logistics management activities, especially the logistics of maximum and minimum standards of stock management; estimating stock in terms of sales targets, actual sales, and the amount of product needed; and, all the details of German procurement requirements and how to work with the KfW.

Regarding Orasel, it is vitally important to this product's continuity that PSI/OSFAM find funding to carry it from 2000 through 2003. With the help of PSI/West Africa or PSI/Europe, writing the proposal could be an excellent exercise in the development of OSFAM's fundraising techniques.

MANAGEMENT INFORMATION SYSTEM (MIS)

Observations

PSI has recognized the need for an electronic management information system (MIS) to replace the nonautomated system that is in practice at both headquarters and all four regional sales offices of PSI/OSFAM. The PSI technical advisor is currently designing a new MIS that will be tested in August with the July sales figures.

OSFAM staff members seemed unconvinced about the value of the MIS and its appropriate management. This could come from a lack of understanding of how well the MIS can work or from the fear of the electronic unknown. Therefore, a clear, well-designed system used by an informed staff will be the best way to gain acceptance of this new tool at OSFAM. Until the design is completed, tested, and analyzed, however, it is premature to comment on the draft forms.

Recommendations

The PSI technical advisor needs to develop a clear MIS plan based on the potential use and users of the information as well as the information that needs to be collected. When the design is final, it should be determined if the data are being used in a significant way. The plan should be agreed upon by senior management and presented to the staff. Although this may not alleviate all the qualms about trusting new technologies, being well informed will help create a sense of ownership of the MIS by those who will use it most and those who need it most to do their work effectively.

BUDGETARY ISSUES

Observations

An attempt was made to carry out a financial analysis to determine how the budget is being spent, on which activities, and in what proportion. Unfortunately, the budgets were overly complicated and there was not sufficient time to conduct a detailed analysis. However, the following observations were made and some budgetary problems identified:

- A large portion of USAID funds have already been spent, thus reducing any financial flexibility that USAID allows. KfW spending is not flexible.

- The special consultant is being paid $27,000 annually, a line item amount for which no money was budgeted.

- The commissions paid to the sales force are fixed and based on achieving their quarterly sales goals. However, not enough money has been budgeted to cover projected commissions.

- Department coordinators are not advised of the budgets for their activities and appear to have no involvement in or control over the allocations to their departments.

- PSI/OSFAM are required to give a percentage of each product's revenue to a special fund that will eventually be used for securing, building, and installing permanent offices and a warehouse for OSFAM. While the land and perhaps the buildings themselves are to be donated by the Ministry of Health, it is highly unlikely that this will happen in the remaining three and a half years of the program. The earmarked funds are needed for many other activities.

- An examination of the return on investment of the total cost of operating the four regional sales offices versus the sales and revenues they generate was initiated, but time did not permit its completion.

- Funding support for Orasel will be depleted at the end of this year. Additional funds have not yet been found because of the severely subsidized cost of the product.

Recommendations

The position of special consultant should be eliminated. (See section on management staffing for further discussion.)

Adequate budgeting should be recalculated to cover the fixed sales commissions. The planning of a compensation package that pays the sales force commission only instead of salary-plus-commission should begin for possible implementation later in this program or for recommendation in the follow-on program.

An immediate release should be obtained of all revenues being held for real estate purposes from both the USAID and KfW budgets. These funds should then be added to program activities. Neither PSI nor the donors are in the real estate business and it does not seem feasible that the MOH will have land and a building to donate to OSFAM for occupation within the next three and a half years. The program can use the funds immediately for productive activities.

Coordinators and supervisors should be given responsibility for the portions of the budget that cover their department's activities. They should be allowed the flexibility to change line items within their yearly budgets in order to meet projected end results. Also, they need to be able to justify their recommendations.

With funds for Orasel running out at the end of this year, it is of the utmost importance that a fundraising effort be assigned immediately to a senior member of the OSFAM staff and that attention to it be given top priority.

CONTACTS WITH OTHER DONORS, NGOs, AND PROGRAMS

One of the areas to be examined was PSI/OSFAM's coordination with donors and other potential partners to ensure synergy of activities. There are, in fact, very few active, well-funded donors or other related programs in Guinea.

United Nations Children's Fund (UNICEF)

PSI/OSFAM have discussed with UNICEF two of the subjects that are of mutual interest: oral rehydration therapy and insecticide-impregnated mosquito nets. UNICEF does not believe in PSI/OSFAM's philosophy of selling products; it prefers to continue to give their oral rehydration salt and malaria medication free of charge to the public health system. Nor is it pleased to hear that its products are widely found on the market for sale at prices higher than those charged in the public health centers. For example, its ORS often sells for much more than Orasel's official price. Because of this aversion to socially marketed products, collaboration with UNICEF will continue to be difficult.

United Nations Population Fund (UNFPA)

PSI/OSFAM have submitted two proposals to the UNFPA: one for a deep rural awareness building IEC activity and one for a training program on HIV/AIDS/FP/ORS for health care providers in the private sector. The first proposal was submitted a year ago and the second, 6 months ago. Lack of response to PSI/OSFAM's attempts to follow up seems to indicate that neither idea has interested the UNFPA.

United Nations Fund (UNF)

Funding for Orasel expires at the end of this year. PSI/OSFAM were part of a PSI regional proposal requesting funds to help support the continuation of an ORS program, specifically Orasel in Guinea. However, as long as the Ministry of Health continues to enforce the price limitations on Orasel, its costs must remain extremely heavily subsidized. The inclusion of Orasel in the regional program was rejected because the possibilities of the product ever being less subsidized are too remote with these price controls.

While the funding sought in this proposal is of urgent importance to the continuation of Orasel after the beginning of the year 2000, the reason for its rejection is unfortunately correct.

Agency Information Network (USAIDNET)

USAIDNET is a centrally funded, worldwide program with limited core funds that PSI/OSFAM would like to join in Guinea. However, they have been told that USAID/Guinea does not have the funds to participate in a buy-in.

The World Bank

The World Bank seems to be concentrating its funds in support of the development of equity groups and has not been responsive to inquiries from PSI/OSFAM on areas of mutual interest. PSI is currently in discussions with the World Bank about a program that would train agricultural agents to become AIDS–awareness peer educators in their rural communities. However, the World Bank has not asked for a formal proposal.

Other Donors

The list of other donors active in Guinea is short. None is specifically interested in developing the private sector and it would therefore not be the best use of time to try to find a match with them. The few others working in Guinea who list health as an area of concentration are France, Saudi Arabia, the European Union, and the African Development Bank. Rural development is of interest to Japan, Canada, Saudi Arabia, and the European Union. PSI, as an American-based international NGO, would most likely not be able to get funding from these other countries. OSFAM, however, could approach them as a local NGO and initiate talks about their areas of common interest. Or, they could ask PSI/Europe for assistance.

Association Guinéenne pour le Bien-Être Familial (AGBEF)

This is the IPPF affiliate in Guinea. When the FAMPOP project ended and PSI's public health activities were incorporated into the new PRISM program, PSI/OSFAM's involvement with AGBEF naturally lessened considerably.

MSH/PRISM

PRISM is the public health sector program that was the follow-on to the public sector portion of the PSI–managed FAMPOP project after it ended in 1997. PRISM is funded by USAID and managed by Management Sciences for Health (MSH).

Since the transition of activities and staff from PSI to PRISM, PSI/OSFAM have maintained cordial relations with PRISM. Of the four regions of the country, PRISM only operates in Upper Guinea and Forest Guinea, while PSI/OSFAM operates nationally. However, as a reflection of its sense of social responsibility, PSI/OSFAM cover the non–PRISM regions with generic radio and television messages, as well as conducting its considerably effective awareness-building program there.

Because of the definite split between public and private sector mandates of the two grants, there is not much opportunity for further collaboration outside these crucially important and expensive generic IEC activities. However, PSI/OSFAM should switch from generic to exclusively branded advertising and promotional activity in all regions, in keeping with their mandate: social marketing of branded products.

OTHER PRIVATE SECTOR HEALTH POSSIBILITIES

New Product Possibilities for PSI/OSFAM

As discussed earlier, it is not recommended that any new product activity be undertaken during the remaining three and a half years of this grant period while OSFAM consolidates and refocuses its attentions and talents more singlemindedly on continuing its social marketing program for the four existing products.

However, in view of the lively and omnipresent open market that operates daily in the towns and at least weekly in the villages of Guinea and of the incredible inroads PSI/OSFAM have made in gaining distribution for their products on those markets, there are definitely some new product additions to consider for the next five-year period of the program.

A More Expensive Female Condom

If a second branded condom were introduced on the market at a higher price than Prudence Plus, its higher revenues could be reinvested in the program to help offset the subsidized cost of Prudence Plus. This new product could be a female condom. In a test conducted in 1996–97 in Guinea among soldiers and among bar girls, the product was well accepted by both men and women.

Impregnated Mosquito Nets

This is a favorite idea for several reasons: regular mosquito nets are already in use by many Guineans, they are widely available on the market, and malaria is the top health problem in Guinea. The logistics of first having to buy the net and then remembering to have it re-impregnated every 6 months can be overcome in three ways: (1) with the initial purchase, the buyer can receive a reminder card such as those issued with a Depo-Provera injection; (2) the re-dipping solution can be sold as a separate product in the same sales outlet where the mosquito net was purchased or where mosquito coils and aerosol insecticides are now available; or, (3) the women's textile guilds who have been trained to redip mosquito nets can become a new sales outlet for both the nets and for the redipping solution, as pharmacies are the point of sale for repurchase of hormonal contraceptives.

Funding for this product might have to be sought from a source other than USAID because of the concern about the polluting properties of the redipping chemical that has to be used every 6 months. PSI/OSFAM could contact PSI/Washington to learn about the possibilities of this new product idea and to learn from the experience in other countries where PSI currently markets impregnated bed nets.

Processed Foods Fortified with Micronutrients

The deficiency in iodine consumption has apparently been recognized and addressed in Guinea from the high prevalence of inexpensive iodized salt seen on the market all over the country.

Deficiencies in the two other micronutrients, vitamin A and iron, dramatically lessen resistance to many killer diseases and weakening conditions, especially among the very young and women of childbearing age. Several processed food products that are universally consumed and therefore already easily accessible on the Guinean market can be fortified. For example, sugar has successfully been fortified with vitamin A and wheat flour with iron in many countries in Central and South America. These products can also be fortified with both micronutrients without altering the appearance or the taste, without increasing the retail price above what is acceptable as an added value, and without increasing the consumption rates.

PSI/OSFAM should contact PSI/Zambia to learn about the pilot study that it is conducting on vitamin A–fortified sugar. (Or PSI/OSFAM can contact the private flourmill that was identified by the diagnostic team as a potential partner in the local production and marketing of a new fortified wheat flour.)

Home Disease–Detection Kits

Two other possibilities for consideration during the next program period are a sexually transmitted disease (STD) therapy kit that detects 6 of 9 STDs and one of the rapid malaria diagnostic kits that will soon be available. They can be socially marketed and distributed through the same channels as the contraceptives that OSFAM currently sells.

Other Non-PSI Private Sector Health Care Opportunities

Private Midwife Clinics

The private sector is very small and underdeveloped. While there is very little already existing for which USAID could target and provide assistance, there are many opportunities to create new entities.

The one identified as most quickly viable is to work with the two associations of Guinean midwives with official NGO status, *Association des Sages-Femmes Guinéennes* (ASFEGUI) and *Association des Sages-Femmes Guinéennes contre les MST/SIDA* (ASFEGMASSI), representing most of the 300 registered midwives in Guinea. The former is active in educating young women as peer counselors on family planning and AIDS prevention and the latter works mostly with prostitutes. Their leadership reported that there are five private clinics operated by retired midwives either in their homes (where they work alone or in pairs) or in rented space. In Conakry, one clinic has 8 to 10 midwife partners. In these *cabinets de sage-femmes*, modest fees are charged for prenatal

consultations on the pregnant woman's needs; postnatal consultations on breastfeeding, infant nutrition and growth monitoring, and family planning counseling (GF 5,000 per consultation); injections and other basic care (GF 1,000 per injection); and, assisting with deliveries (GF 30,000 to 40,000 per delivery with a 4–hour stay in the clinic).

The associations understand that there is an urgent need for similar services outside the big towns throughout the country. USAID should consider developing a program to encourage and support the nationwide expansion of this private sector service.

Private Training Centers

Many requests for training were made to the diagnostic team from individuals who have received training in the past as well as those who have not.

USAID should develop a private, nationwide, self-sufficient vocational training institute for all levels of health care workers as an additional investment opportunity in Guinea. Initially, the start-up costs and training of trainers could be covered by USAID funds. But its long-term mandate should be to charge fees that will eventually cover the full cost of operations and the salaries of the teachers, trainers, and staff.

To guarantee a constant level of attendance at the institute and to assure employment for its graduates, courses in all areas of private sector health care should be offered—from the entrepreneurial techniques of managing a clinic administratively and financially to the many aspects of technical medical information, including patient counseling and hygienic and empathetic caregiving. In several of the cities visited, the well-maintained buildings of the *Centre Africain pour la Formation et Développement* (CENAFOD) were noticed, which could be a potential partner to USAID in this area.

IV. RECOMMENDED ACTION PLAN

OBJECTIVES, END RESULTS, AND INDICATORS

Observations

Three sets of statements outlining objectives, strategies, indicators, end results, and outputs have been issued for this grant: in the original proposal document (January 1998), in the continuing application (August 1998), and in a PSI/OSFAM memorandum to USAID suggesting a refocus of the strategies and outputs (June 1999). Each document has used a different format to present the same information or, in some cases, to present new or different information. This appears to have created tracking and implementing confusion among PSI/OSFAM, PSI/Washington, and USAID. (See appendix I for a systematic summary and comparison of these documents.)

Furthermore, there appears to be some confusion among the objectives, activities, indicators, strategies, and end results discussed in the original proposal. Several end results do not appear to reflect the realistic situation in Guinea.

A careful examination of the elements involved in planning and implementing a social marketing program of this type—the objectives, strategies, end results, and indicators—revealed the following:

- **Objectives**: The original proposal included objectives that were multidimensional, vague, and contained numerous strategies and activities. This made it very difficult to elucidate end results, indicators, and specific strategies. Each objective should be clear, simple, specific, and address only one issue in order for it to be feasible to accomplish.

- **Strategies**: In the grant documents, there was no clear indication of how strategies were determined and how they were supposed to achieve the objectives. When designing strategies for activities to be performed, the purpose of each activity should be examined. Does it have a direct impact on achieving the end results? If not, does it offer some political inducement that makes it useful? What is the cost in staff time and other resources to carry out the activity? Is this cost proportionate with the results achieved? If not, what else could be done that would be less costly and more effective? It is essential to balance the strategies and activities in terms of time, cost, resources used, and the ultimate impact on the achievement of the end results.

- **End Results**: The original proposal does not have realistic performance targets—specific intended end results to be achieved within explicit time frames against which actual results can be compared and assessed. Nor does it appear that a clear performance baseline for comparison to measure progress toward a result was established.

- **Indicators**: The indicators in the original PSI/OSFAM proposal did not clearly represent these specific characteristics, making it difficult to measure as presented. An indicator should have certain characteristics. It can be direct or represented by proxy; precise; unidimensional; adequate in being objective; quantitative if possible, qualitative if necessary; disaggregated (i.e., appropriate by gender, age, etc.); practical if data can be collected about it; or, a combination of all of these.

  Proxy indicators are sufficiently grounded in theory and practice to be well accepted by both proponents and skeptics alike. For this program, couple year protection (CYP) and sales of products are appropriate, measurable, and well-accepted proxy indicators for contraceptive prevalence rate (CPR) and use of products.

Recommended Objectives, End Results and Indicators

The objectives, end results, and indicators have been concentrated and consolidated to enable the program to achieve its mandate. The following objectives are recommended to help PSI/OSFAM focus clearly on that mandate—the social marketing of their family planning, AIDS prevention, and ORT products, and the organizational development of OSFAM:

- The overall social marketing objective of this program is to market the four existing products only, and not to expect to be able to find funding for or to introduce any new products during the three and a half years that remain in this grant;

- The specific marketing objectives are to increase awareness of the products, to increase use of the products, and to expand and reinforce the wholesale distribution system; and,

- The overall institutionalization objective of PSI is to develop OSFAM organizationally.

Based on the observations made during the site visits, PSI/OSFAM should ask USAID to consider making an amendment to their grant to make the changes in the objectives, end results, and indicators, as shown in the table on the following page. The chart on page 36 shows how the newly recommended PSI/OSFAM program objectives will affect the success of SO2 results. With a clear focus on fewer activities and a new MIS, PSI/OSFAM will be able to provide data on these indicators on a regular basis.

Objectives	End Results	Indicators*
1: Market 4 existing products: Prudence Plus, Planyl, Depo-Provera, and Orasel	1. 100 new sales outlets per month 2. Wide distribution 3. Increased sales 4. 4 marketing plans	▪ Number of new outlets ▪ Number of new subprefectures ▪ Strategic marketing planning
2: Increase awareness of the 4 products	1. Advertising plans 2. Promotion plans	▪ Consumer recognition of brands, benefits, reasons to use, and how to use
3: Increase usage of the 4 products	1. Increased sales for contraceptives 2. Increased use of Orasel among mothers of children under 5 years	▪ CYP for contraceptives ▪ Sales of Orasel to mothers of children under 5 years
4: Expand wholesale distribution system	1. Sales strategy and plan 2. Arrest loss of existing sales outlets	▪ Increase in number of wholesalers and retailers selling products
5: Develop OSFAM organizationally	1. Streamlined management systems	▪ Number of management systems in place and functioning efficiently
	2. Operationalized personnel procedures	▪ Number of personnel procedures detailed; personnel manual revised
	3. Improved skills and knowledge of staff	▪ Number of staff up to agreed-upon capacity and knowledge levels ▪ Number of clear, implemented job descriptions
	4. Informed decision-making by senior staff members	▪ Mission statement ▪ Number of regular staff meetings held ▪ Number of monthly, quarterly and yearly performance evaluations conducted
	5. Enhanced staff communication channels	▪ Number of regular staff meetings held ▪ Number of monthly, quarterly and yearly performance evaluations conducted
	6. Clarified lines of authority	▪ Organization chart
	7. Increased staff ability to identify and address challenges	▪ Number of staff up to agreed-upon capacity and knowledge levels
	8. Increased staff productivity	▪ Number of quarterly and yearly activities completed
	9. Increased involvement of board of directors	▪ Number of board members who take an active part in OSFAM
	10. Increased financial sustainability	▪ Amount of revenue that is put back into ongoing activities and overhead costs
	11. Heightened leadership capabilities and professionalism among senior staff	▪ Number of checks and balances needed
6: Transfer public sector activities to PRISM	Completed	Completed

*Actual numbers or percentages have deliberately not been recommended. PSI/OSFAM should use the 1992 DHS to establish a quantifiable baseline for Objectives 1 through 4. The upcoming 1999 DHS can be used to establish performance baselines and to check midterm progress. From these numbers, end result targets can be established now and measured through new consumer research in the last year of the program.

SUMMARY OF RECOMMENDATIONS AS AN ACTION PLAN

The following summarizes the recommendations made as a result of this diagnostic and is presented to be actionable by PSI/OSFAM's management.

TO BE IMPLEMENTED IMMEDIATELY BY PSI/WASHINGTON

1. Hire a new executive director to begin within the next 2 months.
2. Be more supportive of and responsive to the needs of the executive director.
3. Provide a skills list for each type of job required to run OSFAM.
4. Schedule biannual or annual regional meetings and invite OSFAM.

TO BE IMPLEMENTED BY USAID/GUINEA

1. Be openminded about changes in the objectives of the grant that PSI/OSFAM will request, keeping the emphasis on future goals rather than on past problems.
2. Keep pressure on the Ministry of Health to remove restrictions on price and distribution of all four products.

TO BE IMPLEMENTED IMMEDIATELY BY THE EXECUTIVE DIRECTOR

1. Make presentation to USAID/Guinea on the recommended amendments in the grant's objectives and end results.
2. Inform the deputy director of what is expected of the position and begin working on the job description, skills assessment, and professionalism.
3. Eliminate the position of special consultant.
4. Clearly define and discuss with the technical advisor the responsibilities of the position.
5. Assign responsibility for KfW.
6. Assign responsibility for product procurement and sales projections.
7. Begin transfer of the IEC coordinator's responsibilities to the two product managers.
8. Brief the sales coordinator on the need for a plan to transfer some responsibility for communications materials development and budget to the sales force.
9. Begin designing a 6–month test of selling without restrictions on price and distribution.

TO BE IMPLEMENTED BY THE NEW EXECUTIVE DIRECTOR

1. Marketing planning
2. Communications strategy
3. Public relations plan
4. Sales strategy
5. Job descriptions
6. Capacity-building plans

IMPACT ON STRATEGIC OBJECTIVE 2

Intermediate Results	Indicator	PSI Impact	Through which new PSI/OSFAM objective(s) above
1. Increased utilization	Contraceptive prevalence rate (CPR)	Yes	Objective 1, 2, 3, 4
	Couple year protection (CYP)	Yes	Objective 1, 2, 3, 4
	Reported use of condoms with nonregular sex partner	Yes	Objective 1, 2, 3, 4
	Number of births benefiting from prenatal care	No	
	Measles vaccination coverage	No	
2. Increased access	Availability of community-based distribution (CBD) services	No	
	Availability of FP and health products for sales points	Yes	Objective 1, 2, 3, 4
	Fee schedule visible	No	
3. Improved quality	Integration of services	No	
	Adherence to treatment norms	No	
	Adherence to counseling norms	No	
	Availability of equipment in health facilities	No	
	Availability of commodities in health facilities	No	
	Improved management capacity in health facilities	No	
4. Increased behavior change and product demand	Adoption of breastfeeding 1 hour after birth	No	
	Unmet need	Yes	Objective 1, 2, 3, 4
	Use of ORS for treatment of child diarrhea	Yes	Objective 1, 2, 3, 4
	Community or religious leaders oriented to FP/AIDS	Yes	Objective 1, 2, 3, 4*
	Knowledge of use of condoms to prevent AIDS	Yes	Objective 1, 2, 3, 4
5. Coordination	Involvement of local management committees	No	
	Resource leverage from other donors	Yes	Objective 5
	Private sector providers trained to prescribe and promote FP/ORS	No	

* Because the sales force will always be trying to convert reluctant storeowners to carry the contraceptive products, the conversion rates could be measured in numbers of businesses owned by conservatives formerly reluctant to buy who now stock the products, or by the number of times a religious leader agrees to participate in a radio talk show or other activity. However, these measurements are not as definite or predictable as some others. Therefore, it might be best to remove this from the list of areas where PSI/OSFAM can have an effect.

APPENDICES

A: Scope of Work

B: References

C: Persons Contacted

D: Interim Report to USAID/Guinea

E: Price Study and Store Checks

F: Presentation to Ministry of Health

G: The Simple Success Secret in Worldwide Family Planning: Social Marketing

H: Organizational Development Discussion, Diagnostic Protocol, and Tools

I: Evolution of PSI/OSFAM Strategic Objectives, Strategies, End Results, Indicators, and Outputs

APPENDIX B

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APPENDIX B

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APPENDIX C

PERSONS CONTACTED

APPENDIX C

PERSONS CONTACTED

United States Agency For International Development (USAID)

Harry F. Birnholz, Mission Director
Henderson Patrick, Deputy Director
Cathy Jane Bowes, Health, Population, and Nutrition Officer
Peter J. Halpert, Technical Advisor/TAACS
Mariama Bah, Activity Manager

United States Embassy, Conakry

Abdoulaye Sougoulé, Economic Attaché
Charlotte Adam, Intern
Tisza Nagy, Intern

PSI/OSFAM

Conakry Headquarters
Malcolm Donald, Executive Director
Thièrno Oumar Diallo, Deputy Director
Kébourna Camara, Special Advisor
Sekou Baldet, Administrative Director
Moundjirou Sow, Financial Director
Fatoumata Baldé Barry, Director, Marketing and Sales
Boubakar Diallo, Assistant Director, Marketing and Sales
Fatoumata Binta Bah, Product Manager, Orasel and Prudence Plus
Madiou Diallo, Product Manager, Planyl and Depo-Provera
A. Mahmoud Barry, IEC Coordinator
Sean Cantella, Technical Advisor

Sales Offices
Mariama Kesso Barry Sylla, Regional Sales Manager, Conakry
Jean Pakillé Gamy, Salesperson
Nianga Matho Doré, Regional Sales Manager, N'Zérékoré region
A. Ouman Baldé, Salesperson
Amadou Bella Diallo, Regional Sales Manager, Kankan region
Dady Yomba Touré, Salesperson
Abdoula Diallo Dalaba, Regional Sales Manager, Labé region
Cabinet Diabé, Salesperson
Mamadou Saliou Diallo, Regional Sales Manager, Kindia region
Soumah Saidouba, Salesperson

PSI/Washington

Andrew Boner, Director, West and Central Africa
John Justino, Program Manager

Ministry of Health (MOH)

Joanna Austen, National Director
Mohamed Sylla, Secretary General
Momo Camara, National Coordinator, PEV/SSP/ME
Kalifa Bangoura, Prefectural Director of Health, Labé
Ibrahim Sow, Prefectural Director of Health, N'Zérékoré

Association des Sages-Femmes Guinéennes (ASFGUI)

Mariam Diop Sylla
Ayssatou Diallo

Association des Sages-Femmes Guinéennes contre les MST/SIDA (ASFEGMASSI)

Bintu Bamba
Mariatou Sow

Radio Rurale, N'Zérékoré

Gregoire Kova Guilavogue, Station Manager
Niankoye Molou, Technical Manager
Program Manager

Plan International: Project MST/SIDA/PF

Mr. Camano

APPENDIX D

INTERIM REPORT TO USAID/GUINEA

APPENDIX D

INTERIM REPORT TO USAID/GUINEA
July 2, 1999

USAID: Harry Birnholz, Henderson Patrick, Cathy Bowes, and Peter Halpert
Diagnostic Team: Sys T. Morch and Lynne Cogswell

1. Reintroductions
2. Review of activities during week 1 in Conakry: prepared diagnostic plan of action:
   - Held indepth interviews with staffs of USAID and PSI/OSFAM
   - Conducted store checks in Conakry market
   - Attended mini-promotion in Conakry
   - Began document review
3. Review of activities during weeks 2 and 3:
   - Visited 4 regional offices and nearby subprefectures in N'Zérékoré, Kankan, Labé, and Kindia. Conducted 212 store checks
   - Continued document review
4. Planned activities for weeks 3 and 4:
   - Finish interviews and complete analysis of staff and organizational situation
   - Complete analysis of sales force needs
   - Complete analysis of marketing and communication strategies
   - Finish document review
   - Summarize and analyze store checks conducted during field visits
   - Complete historical analysis of indicators in terms of objectives, strategies, tasks, and projected results of project
   - Continue private sector investigation
   - Prepare presentation for Secretary General of Ministry of Health on difficulties caused by the price restrictions on all 4 products and distribution limitations of Orasel
   - Write and present final report to PSI/OSFAM and to USAID
   - Neither time nor plans to meet with UNICEF, UNFPA, AGBEF, PRISM, and World Bank
5. Brief summary of observations: excellent job in difficult circumstances. However:
   - Incomplete knowledge of social marketing at USAID, OSFAM, MOH
   - Frustrations caused by limitations on pricing and distribution
   - Capacity building and skills transfer needed in sales and marketing, also knowledge of strategic planning and fundraising in management
   - Need to rearrange staffing patterns, job responsibilities, and organization of OSFAM
6. Outline of final report to be presented on July 9, 1999
7. Clarification of how store check information will be used and by whom
8. Clarification of areas of interest in private sector: only health, only for PSI, or also other USAID strategic objective areas: education, environment, and democratization?

APPENDIX E

PRICE STUDY AND STORE CHECKS

Price Study: National Overview

June 17 to July 1, 1999, in Conakry, N'Zerekore, Kankan, Kindia, and Labe

TOTAL Store Checks = 212 (approximately 4 percent of total PSI sales outlets of 5,200)

Product and Average Price	***Kankan***	***Kindia***	***Labe***	***Nzerekore***	***Conakry***	***National Average***	***Range of Prices***
PSI/OSFAM Products:							
Orasel	168	114	130	176	192	156	100 - 300
Prudence Plus Condom	59	71	58	58	66	62	50 - 200
Planyl Oral Contraceptive (OC)	650		800	770	617	709	600 - 1200
Depo 3-month Injectable	710		833	617	600	690	600 - 1500
Other:							
Sultan Condom					151	151	
IDA ORS (UNICEF)	175			175	267	206	150 - 300
Lo-Femenol OC	2513		1000	1500	3350	2091	
Microgynon OC	2200	1300	1500		2450	1863	
Minidril OC	4400		1500	4500	1500	2975	
Triella OC			7350			7350	
Depo (vial only) - (public sector)	600	550	600			583	
Syringe only	200	175	200			192	

Storekeepers' Comments

- Wholesalers and retailers agree that OSFAM provides first-rate **quality service**: in communication, in consumer information, in stocking and storage information, in reasonable pricing, in fair treatment.
- **Publicity** is well-liked and considered to be helpful in **informing consumers** and in **increasing sales.**

Store Checks - CONAKRY Field Office Coverage Area
Total = 38 store checks
[3 wholesalers, 4 official pharmacists, 0 food boutiques, 1 bar serving alcohol, 0 café bars, 0 hotels,
30 parallel pharmacists, 0 table vendors, 0 kiosks, 0 private sector providers]

Product and Average Price	***Area 1***	***Area 2***	***Area 3***	***District Average***	***Range of Prices***
PSI/OSFAM Products:					
Orasel	193	193	192	192	150 - 300
Prudence Plus Condom	69	71	58	66	50 - 100
Planyl Oral Contraceptive (OC)	600		633	617	600 - 1200
Depo 3-month Injectable	600	600	600	600	600
Other:					
Sultan Condom	188	150	117	151	
IDA ORS (UNICEF)			267	267	250 - 300
Lo-Femenol OC - 3 cycles	1500	4050	4500	3350	
Microgynon OC - 3 cycles	1600	2750	3000	2450	
Minidril OC - 3 cycles	1500			1500	
Triella OC					
Adepal OC					
Depo (vial only) - (public sector)	800	750			
Syringe only	200	225			

Storekeepers' Comments
- Signs are displayed everywhere.
- Delegates are respected, come when called, raise awareness of consumers.
- Provides better quality than others.
- Storekeepers want to receive Orasel from OSFAM: (1) provide information, (2) fixed price, (3) trust them.
- Storekeepers like the publicity because it brings in customers and raises sales.

Store Checks - Conakry Town - Madina Market (Area 1)
Total = 22 store checks
[1 wholesaler, 1 official pharmacist, 0 food boutiques, 0 bars serving alcohol, 0 café bars, 0 hotels,
20 parallel pharmacists, 0 markets, 0 table vendors, 0 kiosks]

					Type of Sales Point					
Product and Price	***Wholes***	***Ofc Phar***	***2Par Phar***	***Par Phar***	***Par Phar***	***3Par Phar***	***3Par Phar***	***4Par Phar***	***3Par Phar***	***3Par Phar***
PSI/OSFAM Products:										
Orasel	1800	150	150	200	250			150	200	250
Prudence Plus Condom	1200	50	50	100		50	100	100	50	50
Planyl Oral Contraceptive (OC)		600								
Depo 3-month Injectable		600								
Other:										
Sultan Condom				150	200	150		250		
IDA ORS (UNICEF)										
Lo-Femenol OC - 3 cycles				1500						
Microgynon OC - 3 cycles		1200		2500		1200			1500	
Minidril OC - 3 cycles		1500								
Triella OC										
Adepal OC										
Depo (vial only) - (public sector)				800		800				
Syringe only				200		200				

Store Checks - Conakry Town - Besia Market (Area 2)
Total = 9 store checks
[1 wholesalers, 2 official pharmacists, 0 food boutiques, 1 bar serving alcohol, 0 café bars, 0 hotels,
5 parallel pharmacists, 0 markets, 0 table vendors, 0 kiosks]

				Type of Sales Point					
Product and Price	***Wholes***	***Ofc Phar***	***Ofc Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***Bar Alco***
PSI/OSFAM Products:									
Orasel	1800	200	150	200	150	250	300	100	
Prudence Plus Condom	1200	50		100	50	100	100	50	50
Planyl Oral Contraceptive (OC)		OOS	OOS						
Depo 3-month Injectable		600	600						
Other:									
Sultan Condom					150				
IDA ORS (UNICEF)									
Lo-Femenol OC - 3 cycles					4500		3600		
Microgynon OC - 3 cycles					3000		2500		
Minidril OC									
Triella OC									
Adepal OC									
Depo (vial only) - (public sector)					700		800		
Syringe only					250		200		

Store Checks - Conakry Town - (Area 3)
Total = 7 store checks
[1 wholesaler, 1 official pharmacist, 0 food boutiques, 0 bars serving alcohol, 0 café bars, 0 hotels,
5 parallel pharmacists, 0 markets, 0 table vendors, 0 kiosks]

			Type of Sales Point				
Product and Price	***Wholes***	***Ofc Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***Par Phar***
PSI/OSFAM Products:							
Orasel	1800	100	200	150	150	300	250
Prudence Plus Condom	1200	50	50	50	50	100	50
Planyl Oral Contraceptive (OC)		600	1000	1000		1200	
Depo 3-month Injectable		600					
Other:							
Sultan Condom				100	150	100	
IDA ORS (UNICEF)			250		250		300
Lo-Femenol OC - 3 cycles					4500		
Microgynon OC - 3 cycles		4500	2000			2500	
Minidril OC							
Triella OC							
Adepal OC							
Depo (vial only) - (public sector)							
Syringe only							

Store Checks - NZEREKORE Field Office Coverage Area
Total = 41 store checks
[1 wholesaler, 3 official pharmacists, 10 food boutiques, 4 bars serving alcohol, 2 café bars, 0 hotels,
13 parallel pharmacists, 3 table vendors, 0 kiosks, 5 private sector providers]

Product and Average Price	***Area 1***	***Area 2***	***Area 3***	***Area 4***	***District Average***	***Range of Prices***
PSI/OSFAM Products:						
Orasel	179	144	188	194	176	100 - 200
Prudence Plus Condom	60	56	63	55	58	50 - 100
Planyl Oral Contraceptive (OC)	900	600	600	980	770	600
Depo 3-month Injectable	650		600	600	617	600- 700
Other:						
Sultan Condom						
IDA ORS (UNICEF)		150	200		175	150 - 200
Lo-Femenol OC - 3 cycles	1500		1500		1500	
Microgynon OC - 3 cycles						
Minidril OC - 3 cycles			4500		4500	
Triella OC						
Adepal OC						
Depo (vial only) - (public sector)						
Syringe only						

Storekeepers' Comments
- All displayed stickers and posters.
- OSFAM helps them calculate their stock regularly.
- Timely and helpful.
- Prefer OSFAM: (1) price fixed, (2) information always provided, (3) trust them.
- Always take the time to explain information and discuss needs.
- Publicity is helpful, gives customers information.

Store Checks - Nzerekore Town (Area 1)
Total = 10 store checks
[0 wholesalers, 1 official pharmacist, 2 food boutiques, 2 bars serving alcohol, 1 café bar, 0 hotels,
2 parallel pharmacists, 0 markets, 1 table vendors, 0 kiosks, 1 private sector provider]

					Type of Sales Point					
Product and Price	***PS Prov***	***Ofc Phar***	***Par Phar***	***Par Phar***	***Ofc BA***	***Ofc BA***	***Bar Café***	***Bar Alco***	***Bar Alco***	***Table***
PSI/OSFAM Products:										
Orasel	200	100	200	200	200	150				200
Prudence Plus Condom	50	50	50	100	50	50	50	50	50	100
Planyl Oral Contraceptive (OC)	1200	600								
Depo 3-month Injectable	700	600								
Other:										
Sultan Condom										
IDA ORS (UNICEF)										
Lo-Femenol OC - 3 cycles	1500		1500							
Microgynon OC										
Minidril OC										
Triella OC										
Adepal OC										
Depo (vial only) - (public sector)										
Syringe only										

Store Checks - Gueguedou Prefecture (Area 2)
Total = 12 store checks
[0 wholesalers, 0 official pharmacists, 3 food boutiques, 1 bar serving alcohol, 0 café bars, 0 hotels,
6 parallel pharmacists, 0 markets, 0 table vendors, 0 kiosks, 2 private sector providers]

	Type of Sales Point								
Product and Price	***PS Prov***	***PS Prov***	***4Par Phar***	***Par Phar***	***Par Phar***	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Bar Alco***
PSI/OSFAM Products:									
Orasel	150		150	200	150	200	200	100	
Prudence Plus Condom	50	50	50	100	50	50	50	50	50
Planyl Oral Contraceptive (OC)	600								
Depo 3-month Injectable									
Other:									
Sultan Condom									
IDA ORS (UNICEF)								150	
Lo-Femenol OC									
Microgynon OC									
Minidril OC									
Triella OC									
Adepal OC									
Depo (vial only) - (public sector)									
Syringe only									

Store Checks - Macenta Prefecture (Area 3)
Total = 5 store checks
[1 wholesaler, 1 official pharmacist, 0 food boutiques, 0 bars serving alcohol, 0 café bars, 0 hotels,
2 parallel pharmacists, 0 markets, 0 table vendors, 0 kiosks, 1 private sector provider]

	Type of Sales Point				
Product and Price	***Wholes***	***Ofc Phar***	***Par Phar***	***Par Phar***	***PS Prov***
PSI/OSFAM Products:					
Orasel	2500	200	200	200	150
Prudence Plus Condom	1200	50	50	100	50
Planyl Oral Contraceptive (OC)		600			600
Depo 3-month Injectable		600			600
Other:					
Sultan Condom					
IDA ORS (UNICEF)	200				
Lo-Femenol OC - 3 cycles		1500			
Microgynon OC					
Minidril OC - 3 cycles		4500			
Triella OC					
Adepal OC					
Depo (vial only) - (public sector)					
Syringe only					

Store Checks - Goueke, Koule, Pale, and Soukoule (Area 4)
Total = 14 store checks
[0 wholesalers, 1 official pharmacist, 5 food boutiques, 1 bar serving alcohol, 1 café bar, 0 hotels,
3 parallel pharmacists, 0 markets, 2 table vendors, 0 kiosks, 1 private sector provider]

	Type of Sales Point									
Product and Price	***PS Prov***	***Ofc Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***3 Ofc BA***	***2 Ofc BA***	***2 Table***	***Bar Café***	***Bar Alco***
PSI/OSFAM Products:										
Orasel	200	200	250	200	150	200	150	200		
Prudence Plus Condom	50	50	50	50	50	50	50	100	50	50
Planyl Oral Contraceptive (OC)	600	600	1500	1000	1200					
Depo 3-month Injectable	600	600								
Other:										
Sultan Condom										
IDA ORS (UNICEF)										
Lo-Femenol OC										
Microgynon OC										
Minidril OC										
Triella OC										
Adepal OC										
Depo (vial only) - (public sector)										
Syringe only										

Store Checks - KANKAN Field Office Coverage Area
Total = 46 store checks
[4 wholesalers, 2 official pharmacists, 6 food boutiques, 5 bars serving alcohol, 5 café bars, 0 hotels,
17 parallel pharmacists, 3 table vendors, 0 kiosks, 0 private sector providers]

Product and Average Price	*Area 1*	*Area 2*	*Area 3*	*District Average*	*Range of Prices*
PSI/OSFAM Products:					
Orasel	125	193	185	168	100 - 300
Prudence Plus Condom	55	56	65	59	50 - 100
Planyl Oral Contraceptive (OC)	600	700		650	600 - 1000
Depo 3-month Injectable	600	820		710	600 - 1500
Other:					
Sultan Condom					
IDA ORS (UNICEF)	200		150	175	150 - 200
Lo-Femenol OC - 3 cycles		2025	3000	2513	
Microgynon OC - 3 cycles		2200		2200	
Minidril OC - 3 cycles		4400		4400	
Triella OC					
Adepal OC					
Depo (vial only) - (public sector)			600	600	
Syringe only			200	200	

Storekeepers' Comments
- Prompt service
- Help with stock projections
- Always come, can expect them
- Want more publicity, helps sell
- Storekeepers like OSFAM: (1) keeps prices down, (2) gives advice, (3) gives information on use

Store Checks - Fousen Prefecture - Subprefectures of Koumban and Karfamouria (Area 1)
Total = 23 store checks
[2 wholesalers, 1 official pharmacist, 4 food boutiques, 8 bars serving alcohol, 3 café bars, 0 hotels,
3 parallel pharmacists, 0 markets, 1 table vendor, 1 kiosk]

						Type of Sales Point					
Product and Price	***Wholes***	***Wholes***	***Ofc Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***4 Ofc BA***	***3Bar Café***	***5 Bar Alc***	***3 Bar Alc***	***Table***	***Kiosk***
PSI/OSFAM Products:												
Orasel	1800	1800	100	100	200		100					
Prudence Plus Condom	1200	1200	50	50	50	50	50	50	100	50	50	50
Planyl Oral Contraceptive (OC)			600			600						
Depo 3-month Injectable			600									
Other:												
Sultan Condom												
IDA ORS (UNICEF)						200						
Lo-Femenol OC												
Microgynon OC												
Minidril OC												
Triella OC												
Adepal OC												
Depo (vial only) - (public sector)												
Syringe only												

Store Checks - Kissidougou Prefecture - Kissidougou Town (Area 2)
Total = 13 store checks
[2 wholesalers, 1 official pharmacist, 2 food boutiques, 0 bars serving alcohol, 2 café bars, 0 hotels,
4 parallel pharmacists, 0 markets, 2 table vendors, 0 kiosks]

				Type of Sales Point					
Product and Price	***Wholes***	***Wholes***	***Ofc Phar***	***2Par Phar***	***Par Phar***	***Par Phar***	***2 Ofc BA***	***2 Table***	***2Bar Café***
PSI/OSFAM Products:									
Orasel	100	100	200	300	250	200	OOS*	200	
Prudence Plus Condom	50	50	50	50	50	100	50	50	50
Planyl Oral Contraceptive (OC)	600	600	600		1000				
Depo 3-month Injectable	600	600	600		800	1500			
Other:									
Sultan Condom									
IDA ORS (UNICEF)									
Lo-Femenol OC - 3 cycles		4200		900	1500	1500			
Microgynon OC - 3 cycles		2900			1500				
Minidril OC - 3 cycles	4400	4400							
Triella OC									
Adepal OC									
Depo (vial only) - (public sector)									
Syringe only									

OOS = Out of stock

Store Checks - Kissidougou Prefecture - Subprefecture Banian (Area 3)
Total = 10 store checks
[0 wholesalers, 0 official pharmacists, 0 food boutiques, 0 bars serving alcohol, 0 café bars, 0 hotels,
10 parallel pharmacists, 0 markets, 0 table vendors, 0 kiosks]

	Type of Sales Point									
Product and Price	***Par Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***Par Phar***	***Par Phar***
PSI/OSFAM Products:										
Orasel	100	100	150	200	250	300	150	100	200	300
Prudence Plus Condom	50	50	50	100	50	100	50	50	50	100
Planyl Oral Contraceptive (OC)										
Depo 3-month Injectable										
Other:										
Sultan Condom										
IDA ORS (UNICEF)	150									
Lo-Femenol OC - 3 cycles	3000									
Microgynon OC										
Minidril OC										
Triella OC										
Adepal OC										
Depo (vial only) - (public sector)						600				600
Syringe only						200				200

Store Checks - KINDIA Field Office Coverage Area
Total = 40 store checks
[1 wholesalers, 0 official pharmacist, 9 food boutiques, 14 bars serving alcohol, 3 café bars, 3 hotels,
3 parallel pharmacists, 2 table vendors, 5 kiosks, 0 private sector providers]

Product and Average Price	*Area 1*	*Area 2*	*Area 3*	*District Average*	*Range of Prices*
PSI/OSFAM Products:					
Orasel	113	130	100	114	100 - 200
Prudence Plus Condom	70	75	67	71	50 - 150
Planyl Oral Contraceptive (OC)					
Depo 3-month Injectable					
Other:					
Sultan Condom					
IDA ORS (UNICEF)					
Lo-Femenol OC - 3 cycles					
Microgynon OC - 3 cycles		1300		1300	
Minidril OC - 3 cycles					
Triella OC					
Adepal OC					
Depo (vial only) - (public sector)		550		550	
Syringe only		175		175	

Storekeepers' Comments
- Buys Orasel from parallel market, but much prefers OSFAM: (1) fair, (2) fixed prices, (3) quality product
- Helps with stock projections and regulates stock
- Feels the need for more publicity on specific products
- OSFAM comes regularly

Store Checks - Kindia Prefecture-Kindia Town (Area 1)
Total = 25 store checks
[0 wholesalers, 0 official pharmacists, 2 food boutiques, 13 bars serving alcohol, 1 café bar, 2 hotels,
1 parallel pharmacist, 0 markets, 1 table vendor, 5 kiosks]

						Type of Sales Point						
Product and Price	***Par Phar***	***Ofc BA***	***Ofc BA***	***Bar Café***	***4 Bar Alc***	***9 Bar Alc***	***Table***	***Hotel***	***Hotel***	***3 Kiosks***	***Kiosk***	***Kiosk***
PSI/OSFAM Products:												
Orasel			100							100	150	100
Prudence Plus Condom	OOS	50	50	50	100	50	100	free	50	50	100	100
Planyl Oral Contraceptive (OC)												
Depo 3-month Injectable												
Other:												
Sultan Condom												
IDA ORS (UNICEF)												
Lo-Femenol OC												
Microgynon OC												
Minidril OC												
Triella OC												
Adepal OC												
Depo (vial only) - (public sector)												
Syringe only												

Store Checks - Subprefecture Sougueta (Area 2)
Total = 10 store checks
[1 wholesaler, 0 official pharmacist, 3 food boutiques, 1 bar serving alcohol, 2 café bars, 1 hotel,
2 parallel pharmacists, 0 markets, 0 table vendors, 0 kiosks]

	Type of Sales Point									
Product and Price	***Wholes***	***Par Phar***	***Par Phar***	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Hotel***	***Bar Café***	***Bar Café***	***Bar Alco***
PSI/OSFAM Products:										
Orasel	OOS	150	100	200	100	100				
Prudence Plus Condom	1200	100	50	150	50	50	OOS	OOS	OOS	50
Planyl Oral Contraceptive (OC)										
Depo 3-month Injectable										
Other:										
Sultan Condom										
IDA ORS (UNICEF)										
Lo-Femenol OC										
Microgynon OC - 3 cycles			1300							
Minidril OC										
Triella OC										
Adepal OC										
Depo (vial only) - (public sector)	500		600							
Syringe only	150		200							

OOS = Out of stock

Store Checks - Kolente Prefecture - Subprefecture Falloulay (Area 3)
Total = 5 store checks
[0 wholesalers, 0 official pharmacist, 4 food boutiques, 0 bars serving alcohol, 0 café bars, 0 hotels,
0 parallel pharmacists, 0 markets, 1 table vendor, 0 kiosks]

	Type of Sales Point				
Product and Price	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Table***
PSI/OSFAM Products:					
Orasel	100	OOS	100	100	
Prudence Plus Condom		OOS	50	50	100
Planyl Oral Contraceptive (OC)					
Depo 3-month Injectable					
Other:					
Sultan Condom					
IDA ORS (UNICEF)					
Lo-Femenol OC					
Microgynon OC					
Minidril OC					
Triella OC					
Adepal OC					
Depo (vial only) - (public sector)					
Syringe only					

OOS = Out of stock

Store Checks - LABE Field Office Coverage Area
Total = 47 store checks
[3 wholesalers, 3 official pharmacists, 22 food boutiques, 6 bars serving alcohol, 5 café bars, 1 hotel,
2 parallel pharmacists, 5 table vendors, 0 kiosks, 0 private sector providers]

Product and Average Price	***Area 1***	***Area 2***	***Area 3***	***Area 4***	***District Average***	***Range of Prices***
PSI/OSFAM Products:						
Orasel	100	200	130	100	133	50 - 300
Prudence Plus Condom	56	50	75	50	58	50 - 200
Planyl Oral Contraceptive (OC)		1200	600	600	800	600 - 1200
Depo 3-month Injectable		1300	600	600	833	600 - 1300
Other:						
Sultan Condom						
IDA ORS (UNICEF)						
Lo-Femenol OC - 3 cycles				1000	1000	
Microgynon OC - 3 cycles			1500		1500	
Minidril OC - 3 cycles			1500		1500	
Triella OC			7350		7350	
Adepal OC						
Depo (vial only) - (public sector)			600		600	
Syringe only			200		200	

Storekeepers' Comments
- Prefer OSFAM: (1) trust, (2) education provided, (3) price fair, (4) quality product
- Radio is good, encourages customers
- Some hotels give condoms free to customers
- OSFAM informs them and helps them
- Service is regular but not often enough

Store Checks - LABE Prefecture-Labe Town (Area 1)
Total = 9 store checks
[1 wholesaler, 0 official pharmacists, 5 food boutiques, 1 bar serving alcohol, 0 café bars, 1 hotel,
0 parallel pharmacists, 0 markets, 1 table vendor, 0 kiosks]

				Type of Sales Point					
Product and Price	***Wholes***	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Bar Alco***	***Hotel***	***Table***
PSI/OSFAM Products:									
Orasel		100							
Prudence Plus Condom	100	50	50	50	50	50	50	free	50
Planyl Oral Contraceptive (OC)									
Depo 3-month Injectable									
Other:									
Sultan Condom									
IDA ORS (UNICEF)									
Lo-Femenol OC									
Microgynon OC									
Minidril OC									
Triella OC									
Adepal OC									
Depo (vial only) - (public sector)									
Syringe only									

Store Checks - LABE Prefecture - Subprefecture Popodara (Area 2)
Total = 10 store checks
[0 wholesalers, 1 official pharmacist, 4 food boutiques, 3 bars serving alcohol, 2 café bars, 0 hotels,
0 parallel pharmacists, 0 markets, 0 table vendors, 0 kiosks]

	Type of Sales Point									
Product and Price	***Ofc Phar***	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Bar Café***	***Bar Café***	***Bar Alco***	***Bar Alco***	***Bar Alco***
PSI/OSFAM Products:										
ORASEL	100	300	200	200						
Prudence Plus Condom	50	50	50		50	50	50	50	50	50
Planyl Oral Contraceptive (OC)	1200									
Depo 3-month Injectable	1300									
Other:										
Sultan Condom										
IDA ORS (UNICEF)										
Lo-Femenol OC										
Microgynon OC										
Minidril OC										
Triella OC										
Adepal OC										
Depo (vial only) - (public sector)										
Syringe only										

Store Checks - Pita Prefecture - Subprefecture Timbi Madina (Area 3)
Total = 13 store checks
[0 wholesalers, 1 official pharmacist, 5 food boutiques, 1 bar serving alcohol, 3 café bars, 0 hotels,
1 parallel pharmacist, 0 markets, 2 table vendors, 0 kiosks]

	Type of Sales Point											
Product and Price	***Ofc Phar***	***Par Phar***	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Ofc BA***	***Table***	***Table***	***2 Bar Café***	***Bar Café***	***Bar Alco***
PSI/OSFAM Products:												
Orasel	100	150	100					200	100			
Prudence Plus Condom	50	50	50	100	50	50	50	50	200	100	50	100
Planyl Oral Contraceptive (OC)	600	600										
Depo 3-month Injectable		600										
Other:												
Sultan Condom												
IDA ORS (UNICEF)												
Lo-Femenol OC												
Microgynon OC - 3 cycles			1500						1500			
Minidril OC - 3 cycles	1500											
Triella OC	7350											
Adepal OC												
Depo (vial only) - (public sector)			600									
Syringe only			200									

Store Checks - Pita Prefecture - Pita Town (Area 4)
Total = 15 store checks
[2 wholesalers, 1 official pharmacist, 8 food boutiques, 1 bar serving alcohol, 0 café bars, 0 hotels,
1 parallel pharmacist, 0 markets, 2 table vendors, 0 kiosks]

	Type of Sales Point							
Product and Price	***Wholes***	***Wholes***	***Ofc Phar***	***Par Phar***	***Table***	***Table***	***Bar Alco***	***8 Ofc BA***
PSI/OSFAM Products:								
Orasel	1800	1800	100	100				
Prudence Plus Condom	1200	1200 - 2000	50	50	50	50	50	50
Planyl Oral Contraceptive (OC)		600	600					
Depo 3-month Injectable		600	600					
Other:								
Sultan Condom								
IDA ORS (UNICEF)								
Lo-Femenol OC - 3 cycles				1000				
Microgynon OC								
Minidril OC								
Triella OC								
Adepal OC								
Depo (vial only) - (public sector)								
Syringe only								

APPENDIX F

PRESENTATION AU MINISTÈRE DE LA SANTÉ PUBLIQUE

APPENDIX F

PRESENTATION AU MINISTÈRE DE LA SANTÉ PUBLIQUE
Avec PSI/OSFAM et USAID
7 Juillet 1999 à Conakry

Voici une Etude de Prix:

- 212 pointes de ventes à Conakry et dans les 4 régions
- Les produits de PSI/OSFAM sont par tout, malgré les problèmes enormes
  - de distances,
  - de mauvaises routes,
  - de non-disponibilité des vendeurs. (Leurs boutiques sont fermées et ils sont dans les champs sauf le jour du marché hebdomadier.)

Nous avons 2 requêtes:

Requête 1: Enlever les restrictions des prix de tous les 4 produits. Selon les principes de marketing social, le marché a déjà trouvé le niveau abordable. C'est la loi du marche.

Nous avons trouver les produits, y compris celui d'UNICEF, pour beaucoup plus que les prix officiels:

Prudence Plus	de 50 à 200
Planyl	de 600 à 1,200
Depo-Provera	de 600 à 1,500
Orasel	de 100 à 300
IDA d'UNICEF	de 150 à 300

Nous vous proposons ces prix:

Prudence Plus	100
Planyl	800
Depo-Provera	800
Orasel	250

C'est impératif:
- pour le recouvrement des coûts et la réduction du fardeau des bailleurs
- pour assurer la pérennité du programme

Requête 2: Lâcher la limitation de distribution imposer sur Orasel:

- pas dans les marches publiques
- pas prêt d'une pharmacie
- pas prêt d'un centre de santé
- pas où on vend les boissons alcoolisées

- Ce n'est pas un produit dangereux.

- C'est prémessuré—pas aussi grave que la solution salée/sucrée préparée à la maison.

- Parce que c'est un produit **important** et **cherché**, le pourvoir du marché l'a trouvé: on le trouve par tout.

- La diversification est un des principes le plus important de marketing social.

- Les inconvénients sont plus graves que les restrictions:
  - Les vendeurs—habituellement bons clients d'OSFAM—se fâchent contre OSFAM: ils croient qu'OSFAM ne veut pas leur vendre Orasel, Planyl, et Depo-Provera.
  - L'information sur ce produit n'est pas données systématiquement avec le même style professionnel de présentation que reçoivent les client d'OSFAM.
  - Les mères ne sont pas assurées d'en pourvoir trouver.

PSI/OSFAM
PRIX DE PRODUITS (Guinea Francs)
6 Juillet 99

PRODUIT	PRIX DE PRODUITS			GROSSISTE		DETAILLANT		CONSUMATEUR	
	Prix	Subvention Prix	%	Prix	Marge	Prix	Marge	Prix	Proposé
Prudence Plus 2 Capotes	156	136	91%	20	50%	30	67%	50	100
Planyl 3 Cycles	1,170	1,103	83%	67	100%	133	50%	600	800
Depo-Provera 3 Mois	2,730	2,530	93%	200	100%	400	50%	600	800
Orasel 1 sachet	249	197	77%	57	32%	75	33%	100	250

APPENDIX H

ORGANIZATIONAL DEVELOPMENT
DISCUSSION, DIAGNOSTIC PROTOCOL, AND TOOLS

APPENDIX H

ORGANIZATIONAL DEVELOPMENT
DISCUSSION, DIAGNOSTIC PROTOCOL, AND TOOLS

Three issues should be kept in mind when developing an organization:

1. Organizational development (OD) is an ongoing, continual process. It is not static. It grows, changes, and evolves based on where an organization was, where it is, and where it is going. The process considers the short-term and long-term organizational mandates and the professional needs of the staff.

2. Although assessment of how well an organization is developing can be quantified to a certain extent (such as whether expenditures exceeded or were within the budgeted amount, or whether all staff members have current, written job descriptions), OD is primarily a qualitative process. Having a budget does not necessarily mean that funds are spent on necessary activities to further the mandates of the organization. Nor do written job descriptions necessarily mean that they are clear and feasible.

3. Organizational development end results and indicators should be defined, quantified, and qualified by the staff involved. Although this report has recommended 11 standard end results and corresponding indicators, PSI/OSFAM should determine the specific end results and indicators. They should establish appropriate, suitable, quantifiable numbers when possible, starting low as it is always easier to readjust upwards.

Example: End Result 11: Heighten leadership and professionalism among senior staff.

Quantitative: Fifty percent more senior staff will exhibit leadership and professionalism.

Qualitative:

Step 1: Ask simple questions of every staff member in the administrative and professional departments.

- Name one staff member to be an effective leader.
- List three qualities or characteristics that (s)he has that makes him/her an effective leader.
- Define professionalism.
- Name one person from any sector who personifies professionalism.
- List “checks and balances” that should be in place to encourage and ensure leadership and professionalism.

Step 2: Compile and analyze the following feedback from the staff:

Leaders Identified with OSFAM	Qualities Cited for Leadership	Professionalism	Checks and Balances
Executive Director	▪ Gives feedback ▪ Provides clear direction ▪ Helps staff discover and learn	▪ Honest ▪ Distinguishes between what is business and what is personal	▪ Routine performance evaluation ▪ Staff gives feedback on supervisor's performance

Step 3: Develop a strategy to build leadership and professional capabilities based on findings. The executive director will facilitate three participatory staff sessions on providing effective feedback.

Step 4: Share analysis and possible strategies with staff, ask for feedback, incorporate feedback.

Step 5: Implement strategy.

Step 6: At 6-month intervals, ask same five questions again. Look for an increase in identified organizational leaders, different leadership, and professional qualities as more people begin to exhibit them. Adapt and accommodate as staff feedback indicates. If changes are not evident, start again, taking more time, listening more attentively to staff needs, and responding more actively.

This simple, straightforward process can be used for every end result. Involving the staff in this process is essential. Capacity building is built-in. The staff will be learning as much from the process as from the results and outcomes of each strategy. It should be a participatory learning process.

This should be done incrementally—one result researched per week, for example. Priorities of the order in which to attack the end results would be determined by the staff consensus. Staff teams could be assigned one end result to research, compile, analyze, develop strategically, share, modify, and implement.

Organizational development requires staff empowerment. Empowerment requires guidance, not control. Guidance requires understanding and comprehension of the staff members, and understanding and comprehension require research.

Examples of Other Qualitative Questions to Use for Gathering Specific Information on End Results

End Result 2: Operationalized personnel procedures

1. List personnel procedures, such as firing procedures.
2. List other needs, such as how to register a grievance to a supervisor.

Analysis should show increased awareness and use of procedures by the staff.

End Result 7: Increased staff ability to identify and address challenges

1. List challenges, problems, difficulties faced daily, weekly, monthly, quarterly, and yearly.
2. This question depends on the responses to question 1. For example, if on the 25th of each month, a report must be prepared but the staff member waits until the 29th to begin, discuss what can be done to encourage the person to start on the 25th.

Time-series analysis will show new challenges and eliminate old ones. Problem-solving and decision-making abilities will be enhanced if the strategies are helpful in increasing the staff's ability to identify and address the challenges.

End Result 9: Increased involvement of board members

1. List names and titles of board members.
2. List frequency with which each comes to the offices of OSFAM and what they do when they are there.
3. Describe how the board members could be more useful to the staff and to the organization. Be specific with names and activities.

Comparative analysis should show areas of increased needed involvement, if strategies are on target.

If PSI/OSFAM decide to work with an organizational development specialist, they should have the flexibility to adapt and specify the answers to these questions, based on their more indepth organizational diagnostic protocol. The tool shown on the following pages is an example.

APPENDIX I

EVOLUTION OF PSI/OSFAM STRATEGIC OBJECTIVES, STRATEGIES, END RESULTS, INDICATORS, AND OUTPUTS

APPENDIX I
EVOLUTION OF PSI/OSFAM STRATEGIC OBJECTIVES, STRATEGIES, END RESULTS, INDICATORS, AND OUTPUTS

Original Proposal Strategic Objectives (1/98)	Original Proposal End Results (1/98)	Original Proposal Indicators and Year 1 Outputs (1/98)		Continuation Application Indicators Year 2 and 3 Outputs (8/98)			Refocused Memo Strategies[1] (6/99)	Refocused Memo Indicators and Outputs[2] (6/99)
Objective 1 Expand use of private sector wholesalers for contraceptive supply to improve the distribution system nationwide and free up PSI/OSFAM time to place more emphasis on demand creation for all socially marketed products (IR1, IR3)[3]	▪ 80% of pharmacies resupply through pharmaceutical distributors ▪ Network of at least 35 private sector wholesalers to handle supply of condoms through non-pharmaceutical sales points is established and operating for period of 2 years ▪ 75% of nontraditional supply (total urban and rural) is provided nationwide through this network of wholesalers	1. Sales points resupply patterns 2. Wholesaler/distributor performance 3. Prefecture coverage by wholesaler/distributor 4. Nontraditional supply through wholesaler network	1. Establish baseline 2. NA 3. 60% 4. 50%	1. Pharmacies supplied by pharmacy wholesalers 2. Wholesale condom supply to non-pharmaceutical outlets 3. Prefecture coverage by wholesaler/distributor 4. Nontraditional outlets supplied by wholesalers	5. 20% increase 6. 20% 7. 60% 8. 50%	1. 10% increase 2. 35% 3. 75% 4. 65%	Strategy 1: Two-tier distribution	1. Wholesale sales vs. assisted sales 2. Shopping patterns of rural consumers (weekly market penetration)
Objective 2 Systematically expand contraceptive and ORS distribution into the underserved rural areas with a specific message focus on STI/HIV/AIDS and diarrheal disease prevention (IR1, IR2, IR3)	▪ 1 or more project branded contraceptive or ORS is (are) available in an additional 1,000 new retail outlets located in subprefectures as well as remote prefectures ▪ 75% of rural sales points representatives cite correct contraceptive or ORS information to mystery client ▪ Project contraceptive prices equal less than 1.5 days wages of the unskilled labor rate for 1 year of protection	1. Jr. sales agents hired and trained 2. Sales points 3. Knowledge level of current sales points and price to consumer of socially marketed products	1. NA 2. 4,200 3. Establish baseline	1. New sales points for Orasel 2. New sales points for contraceptives 3. Total sales points 4. Affordability of socially marketed products	200 4,200	250 5,000	Strategy 2: Behavior change through promotion and education	1. Number and type of TV and radio spots 2. Knowledge of program viewer 3. Knowledge, attitudes and practices (KAP) of target population

NA = Not addressed

[1] Combines Strategic Objectives 1 and 2 from original proposal, eliminates Strategic Objectives 3 and 4, and changes Strategic Objective 5 to Strategy 6.

[2] Extrapolated from memo text, no outputs except for Strategy 4.

[3] IR1-Increased access to services and products; IR2-Improved quality of FP… services and products; IR3-Increase behavior change and demand; IR4-Create linkages.

Original Proposal Strategic Objectives (1/98)	Original Proposal End Results (1/98)	Original Proposal Indicators and Year 1 Outputs (1/98)		Continuation Application Indicators Year 2 and 3 Outputs (8/98)			Refocused Memo Strategies[1] (6/99)	Refocused Memo Indicators and Outputs[2] (6/99)
Objective 3 Increase the number of effective, legal private sector prescribers by working with the MOH, Ministry of Social Actions (MOSA), and other interested institutions to institutionalize training opportunities for the private sector, clarify licensing procedures, and develop quality control mechanisms (IR1, IR2)	▪ Baseline number of licensed health care providers increases by 20% ▪ A national Ministry training mechanism that automatically takes into account the needs of the private sector is established ▪ At least 50% of Conakry-based private sector providers surveyed are familiar with the MOH's standards and procedures for reproductive health and report ownership or availability of a copy at their clinic or home ▪ At least 75% of Conakry-based project-trained private sector providers surveyed report having prescribed or recommended a socially marketed brand to a patient in the last 3 months ▪ At least 80% of trained private sector providers interviewed by a mystery client provide appropriate contraceptive counseling or diarrheal disease management advice	1. Problems relating to licensing 2. Training strategy 3. Prescription patterns of socially marketed brands 4. Private provider training sessions in basic contraceptive technology	1. Identified and analyzed 2. Completed 3. Establish baseline 4. 2	1. KAP of private sector providers 2. Training strategy 3. Private sector provider workshops 4. Knowledge of MOH policy, have copy 5. No. of private sector providers trained to prescribe or recommend socially marketed products 6. No. of private sector providers giving advice on reproductive health	1. NA 2. 1 3. 2	4. 10% increase 5. 75% 6. 65%	Strategy 3: Maximizing revenue while maintaining access and affordability to low-income Guineans	▪ Project revenue ▪ Product price

Original Proposal Strategic Objectives (1/98)	Original Proposal End Results (1/98)	Original Proposal Indicators and Year 1 Outputs (1/98)		Continuation Application Indicators Year 2 and 3 Outputs (8/98)		Refocused Memo Strategies[1] (6/99)	Refocused Memo Indicators and Outputs[2] (6/99)
Objective 4 Systematize annual marketing plan development and implementation for each social marketing product (or service) in collaboration with appropriate Ministry technicians and key organizations addressing the associated health problems (IR1, IR2, IR3, IR4)	Increased knowledge of prevention behavior and demand for contraceptives: ▪ Condom sales/distribution increases at least 10%/year ▪ Per capita condom consumption rises to at least .80 by year 5 ▪ 80% of the sexually active population surveyed cite personal adoption of a method to prevent transmission of HIV (either abstinence, faithfulness, condom use) ▪ Oral contraceptive sales/distribution increases at least 200% (with at least 10% annual increase) over the life of the 5-year project ▪ 75% of urban youth aged 15-30 can cite one means of preventing unwanted pregnancy other than condom use ▪ 50% of urban women can cite 2 advantages and 2 side effects of oral contraceptives and injectables Increased knowledge and use of ORS: ▪ ORS sales increase at least 25%/year ▪ 75% of parents of young children cite ORS as a medicine they have used during the past year to treat their child's diarrhea ▪ 50% of mothers of young children have an ORS packet either in the house or within a 10-minute walk ▪ 75% of parents of young children can identify at least 2 means of preventing diarrhea	1. Condom sales/distribution 2. Oral contraceptive sales/distribution 3. Injectables sales/distribution 4. ORS sales/distribution 5. Marketing plans for each product 6. Knowledge of diarrhea, pregnancy, STI/AIDS prevention and product availability and access	1. 4,000,000 2. 58,000 3. 16,000 4. 800,000 5. 4 6. Establish baseline	1. 4,400,000 2. 63,800 3. 17,600 4. 1,000,000 5. 4 6. NA 1. Knowledge of reproductive health and behavior change 2. Increased use of ORS	▪ 4,840,000 ▪ 71,100 ▪ 19,360 ▪ 1,250,000 ▪ 4 ▪ NA 1-2. Years 2 and 3 outputs not addressed	Strategy 4: Expansion of program by securing funds for new and existing products	1. Number of new, non-USAID supported projects (3 new projects)

Original Proposal Strategic Objectives (1/98)	Original Proposal End Results (1/98)	Original Proposal Indicators and Year 1 Outputs (1/98)		Continuation Application Indicators Year 2 and 3 Outputs (8/98)			Refocused Memo Strategies[1] (6/99)	Refocused Memo Indicators and Outputs[2] (6/99)
Objective 5 Improve the sustainability of project intervention by ensuring a hand-off of public sector activities to USAID's new partner, MSH, and especially by advancing the institutionalization of OSFAM (IR2, IR3)	OSFAM: ▪ Conducts an effective transfer to PRISM ▪ Owns its own office and warehouse in Conakry ▪ Systematizes its personnel management and ensures the availability of qualified personnel when managers are called to other functions within or outside the organization ▪ Adds at least 3 new products, services, or projects over 1997 baseline ▪ Writes (by local staff) a proposal for at least one of these new products…with only minor technical review from expatriate advisor ▪ Assists at least 2 other local health-related NGOs to establish a sound institutional framework and to obtain project funding from a non-OSFAM mediated source ▪ Joins and actively participates in at least 1 local NGO umbrella organization	1. Public sector transfer 2. Personnel performance evaluation and personnel manual 3. Jr. staff hired and trained 4. Proposals for complementary project activities 5. Participation in NGO umbrella organization 6. Buildings 7. General assembly and elected board of directors	1. Completed 2. NA, 1 3. NA 4. 2 5. 1 6. 1 office and 1 warehouse 7. NA, 1	▪ Contracts between PSI and PRISM ▪ Office and warehouse space strategy ▪ National staff secured funding ▪ Local women's NGO partnership ▪ Institutionalization strategy ▪ New product or service launched ▪ Partnership with local NGO	▪ NA ▪ 1 ▪ 1 ▪ 1	 1 1 NA	Strategy 5: Improving efficiency by partnering with other organizations on new initiatives	Number of local and international partners in PSI/OSFAM projects
							Strategy 6: Sustainability through skills transfer	1. Amount of revenue applied to purchase of office building 2. Staff computer proficiency 3. Staff English language proficiency report writing/proposal writing proficiency 4. Presentation proficiency

Proposed Activities: PSI/OSFAM Private Sector Social Marketing Program in Guinea

Original Proposal[4]	Continuation Application	Refocus Strategy Memo
Objective 1: Expansion ▪ Establish a network of nonpharmaceutical wholesalers for condom sales ▪ Emphasize resupply of pharmacies through pharmaceutical wholesalers ▪ Change role of OSFAM sales representatives	Not addressed in this document	Strategy 1: Two-tier distribution ▪ Wean retailers from assisted sales (redistributing wholesaler-purchased stock to the retailers)
Objective 2: Systematization ▪ Collaborate with religious leaders ▪ Conduct decentralized subprefecture opinion leader committee seminars ▪ Work with/through community-based services	Not addressed in this document	Strategy 2: Behavior Change through Promotion and Education ▪ Conduct mass media, rural radio, specialized events, and educational activities to promote positive behavior change in consumers regarding health benefits associated with appropriate use of socially marketed products
Objective 3: Private Sector Providers ▪ Train private sector providers ▪ Encourage private sector service provision of socially marketed products	Not addressed in this document	Strategy 3: Maximizing Revenue and Maintaining Affordability ▪ Evaluate pricing scheme and raise price (thus revenues) on selected products
Objective 4: Market Plan Development ▪ Develop market plan for each product ▪ Target adolescents (as special target group)	Not addressed in this document	Strategy 4: Securing Funds for New and Existing Products ▪ Seek new funding for new and existing products ▪ Create initiatives that promote positive behavior change
Objective 5: Institutionalization and Sustainability ▪ Transfer to MSH ▪ Collaborate with MSH and other SO2 partners ▪ Encourage three-stage institutionalization: —social marketing skills development —comanagement with OSFAM —affiliated self-reliance ▪ Develop NGO structure ▪ Develop NGO technical skills ▪ Promote financial sustainability ▪ Diversify products ▪ Develop NGO partners and local support agencies	Not addressed in this document	Strategy 5: Improving Efficiency with Partners ▪ Partner with organization with complementary skills Strategy 6: Sustainability through skills transfer ▪ Transfer skills from expatriate staff to local staff ▪ Rely on local staff for new ideas and opportunities ▪ Purchase new office and land

[4] Reflects main parts of "Project Implementation"; not taken verbatim from original proposal.